

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57971

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** AMERICAN INDEPENDENT MEDICAL EXAMINATIONS, INC.

**Current Principal Place of Business:**

3721 N. PARK RD.  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 813877  
HOLLYWOOD, FL 33081 US

**New Mailing Address:**

**FEI Number:** 59-2841973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAST, PAUL S  
3721 NORTH PARK ROAD  
HOLLYWOOD, FL, FL 33021 US

**Name and Address of New Registered Agent:**

BAST, PAUL S  
3721 NORTH PARK ROAD  
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL S. BAST

01/24/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAST, TERRY D.,  
Address: 3721 N PARK RD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: BAST, PAUL S  
Address: 3721 N PARK RD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ST ( ) Delete  
Name: BAST, TERRY D  
Address: 3721 N PARK RD.  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY D. BAST

SEC

01/24/2009

Electronic Signature of Signing Officer or Director

Date