

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010875

FILED
Apr 20, 2007
Secretary of State

Entity Name: ADVANCED MEDICAL THERAPY INSTITUTE, INC.

Current Principal Place of Business:

BAY PINES PLAZA
9629 BAY PINES BLVD
ST PETERSBURG, FL 33708

New Principal Place of Business:

6776 54TH AVE N
SUITE B
ST PETERSBURG, FL 33709

Current Mailing Address:

BAY PINES PLAZA
9629 BAY PINES BLVD
ST PETERSBURG, FL 33708

New Mailing Address:

6776 54TH AVE N
SUITE B
ST PETERSBURG, FL 33709

FEI Number: 55-0858178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISTEFANO, JOSEPH
BAY PINES PLAZA
9629 BAY PINES BLVD
ST PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

DISTEFANO, JOSEPH
6776 54TH AV N
SUITE B
ST PETERSBURG, FL 33709 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: JOSEPH DISTEFANO

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DISTEFANO, JOSEPH
Address: 9024 109 TER N
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: MAYER, DANIEL
Address: 10126 MOYRY LN
City-St-Zip: TAMPA, FL 33625

Title: DS () Delete
Name: SMYZER, ROGER
Address: 250 SIESTA LANE
City-St-Zip: LARGO, FL 33770

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DISTEFANO

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date