

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34969

FILED
Feb 13, 2008
Secretary of State

Entity Name: AMERICAN MEDICAL HYPNOTHERAPY, INC.

Current Principal Place of Business:

13930 N DALE MABRY
SUITE 5
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13930 N DALE MABRY
SUITE 5
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2975478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, STEVEN
2020 NE 163RD ST.
SUITE 300
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GULLO, JOHN M. DR.,
Address: 13930 N DALE MABRY, #5
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: GULLO, SYLVIA L.,
Address: 13930 N DALE MABRY, 35
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: THOMAS, DAVID L.,
Address: 13930 N DALE MABRY, #5
City-St-Zip: TAMPA, FL

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: JOHN M GULLO

PD

02/13/2008

Electronic Signature of Signing Officer or Director

Date