

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116660

FILED
Apr 28, 2004
Secretary of State

Entity Name: ADVANCED MEDICAL GROUP, INC.

Current Principal Place of Business:

5949 E COLONIAL DRIVE
ORLANDO, FL 32807

New Principal Place of Business:

1417 N. SEMORAN BLVD. STE 102
ORLANDO, FL 32807

Current Mailing Address:

P.O. BOX 574271
ORLANDO, FL 32857

New Mailing Address:

FEI Number: 59-3687178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, HARLEY ESQ
4800 N FEDERAL HWY SUITE 101E
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DAVIS, SUSAN E. M.
Address: 5949 E. COLONIAL DR
City-St-Zip: ORLANDO, FL 32807

Title: P () Delete
Name: DAVIS, SAMUEL JAY III
Address: 5949 E. COLONIAL DR
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DAVIS, SUSAN E. M.
Address: 1417 N. SEMORAN BLVD. STE. 102
City-St-Zip: ORLANDO, FL 32807

Title: P (X) Change () Addition
Name: DAVIS, SAMUEL JAY III
Address: 1417 N. SEMORAN BLVD. STE. 102
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL JAY DAVIS III

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date