

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116660

Entity Name: ADVANCED MEDICAL GROUP, INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

1134 PHEASANT CIRCLE  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

1134 PHEASANT CIRCLE  
WINTER SPRINGS, FL 32708

## 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:

DAVIS, SAMUEL J III  
P.O. BOX 574272  
ORLANDO, FL 32857 US

## Name and Address of New Registered Agent:

DAVIS, SAMUEL J III  
1134 PHEASANT CIRCLE  
WINTER SPRINGS, FL 32708 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:

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: DAVIS, SUSAN E. M.  
Address: 1134 PHEASANT CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P (X) Change ( ) Addition  
Name: DAVIS, SAMUEL J III  
Address: 1134 PHEASANT CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: SAMUEL JAY DAVIS III

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date