2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000006200

1. Entity Name
ADVANCED MEDICAL APPLICATIONS, INC.

Principal Place of Business
1688 W GRANADA BLVD, STE 2B
ORMOND BEACH, FL 32174

Mailing Address
1688 W GRANADA BLVD, STE 2B
ORMOND BEACH, FL 32174

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693560
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURT, DAVID A
501 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	AHMED, SALMAN
STREET ADDRESS	1688 W GRANADA BLVD, STE 2B
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	WHITE, JAMES G
STREET ADDRESS	1688 W GRANADA BLVD STE 2B
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	BURT, PATRICIA
STREET ADDRESS	1688 W GRANADA BLVD STE 2B
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	BURT, DAVID
STREET ADDRESS	501 S RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/02/04-80001-001 550.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. AHMED 7/16/04 (386) 677-3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #