

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90118 033 ***158.75

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DOCUMENT # P01000025766

1. Entity Name
AMERICAN MEDICAL INFORMATION, INC.



Principal Place of Business
7-B PLEASANT BLVD
1175
TORONTO, CANADA M4T -1K2

Mailing Address
7-B PLEASANT BLVD
1175
TORONTO, CANADA M4T -1K2



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1096573

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~SINGH, MICHAEL~~
~~1515 N FEDERAL HIGHWAY~~
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name PIERRE SANCHEZ
Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE
City MIAMI FL 33131

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 Pierre Sanchez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-27-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WHEATLEY, J
STREET ADDRESS 3495 CAMBIE STREET SUITE 161
CITY-ST-ZIP VANCOUVER BC V5Z 4R3

TITLE PRESIDENT ☒ Change ☐ Addition
NAME WHEATLEY, JAY
STREET ADDRESS 280 REXTON STREET, # 484
CITY-ST-ZIP VANCOUVER, BRITISH COLUMBIA

TITLE S ☐ Delete
NAME SINGH, MICHAEL
STREET ADDRESS 1515 FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VGB 222 CANADA ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: MICHAEL SINGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)