


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90266 010 ***150.00

DOCUMENT # P01000071167	
1. Entity Name ADVANCED MEDICAL SCIENCES, INC.	

Principal Place of Business 1777 S ANDREWS AVENUE #301 FORT LAUDERDALE, FL 33316	Mailing Address P.O. BOX 21456 BROWARD, FL 33335
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2. Principal Place of Business - No P.O. Box # 29100 SW 2nd Ave	3. Mailing Address Suite, Apt. #, etc.
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City & State Fort Lauderdale, FL	City & State Broward
Zip 33315	Country Broward

40077617



02022007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1129567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIOTROWSKI, MARY ROSE 1777 S ANDREWS AVENUE #301 FORT LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 obligation of, registered agent.	
SIGNATURE <i>Mary Rose Piotrowski</i>	DATE 4-15-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOTROWSKI, MARY ROSE 1777 S ANDREWS AVENUE #301 FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.	
SIGNATURE: <i>Mary Rose Piotrowski</i>	DATE 4/15/07 TIME 09:17:00