

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000112033

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED MEDICAL SERVICE, INC.

**Current Principal Place of Business:**

825 E. OAK STREET  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 420037  
KISSIMMEE, FL 34742

**New Mailing Address:**

**FEI Number:** 65-1153725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBSTER, PAUL S MD  
825 E. OAK STREET  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

SYMONETTE, SHARON  
825 E. OAK STREET  
KISSIMMEE, FL 34744 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: SHARON SYMONETTE

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEBSTER, PAUL S MD  
Address: 825 E. OAK STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP  
Name: SYMONETTE, SHARON  
Address: 825 E. OAK STREET  
City-St-Zip: KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

SIGNATURE: SHARON SYMONETTE

VP

04/09/2012

Electronic Signature of Signing Officer or Director

Date