

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000092028

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN MEDICAL CONSULTANTS-FL, INC.

**Current Principal Place of Business:**

10310 SW 51ST LANE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

10310 SW 51ST LANE  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 47-0885157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAUSE, PETER A  
1792 BELL TOWER LANE  
WESTON TOWN CENTER  
WESTON, FL 33326 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** KIRSCHNER, MICHAEL J  
**Address:** 10310 SW 51ST LANE  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** VP  
**Name:** KIRSCHNER, DAWN M  
**Address:** 10310 SW 51ST LANE  
**City-St-Zip:** GAINESVILLE, FL 32608

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:** MICHAEL J KIRSCHNER

PRES

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date