


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90001 030 ***158.75

DOCUMENT # P02000094136 1. Entity Name ADVANCED MEDICAL TECHNOLOGY & SUPPLIES CORP.			
Principal Place of Business 9521 SW 30TH TERRACE MIAMI, FL 33165		Mailing Address 9521 SW 30TH TERRACE MIAMI, FL 33165	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2121 PONCE DE LEON BLVD SUITE 240 Suite, Apt. #, etc. SUITE 240 City & State CORAL GABLES, FL Zip Country 33134	
		54017021  02202004 Chg-P CR2E034 (10/03)	
		4. FEI Number 20-0001761	
		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134		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 obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	CURE, CARLOS A <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9521 SW 30TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LAZARO	NAME	
STREET ADDRESS	9521 SW 30TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			