

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019228

FILED
Feb 22, 2006
Secretary of State

Entity Name: ADVANCED MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1425 E NEWPORT CENTER
DEERFIELD BCH, FL 33442

New Principal Place of Business:

2981 CENTERPORT CIRCLE
SUITE2
POMPANO BEACH, FL 33064

Current Mailing Address:

1425 E NEWPORT CENTER
DEERFIELD BCH, FL 33442

New Mailing Address:

2981 CENTERPORT CIRCLE
SUITE2
POMPANO BEACH, FL 33064

FEI Number: 06-1694852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTKIN, MICHAEL R
1425 E NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33432 US

Name and Address of New Registered Agent:

RUTKIN, MICHAEL R
2981 CENTERPORT CIRCLE
SUITE 2
POMPANO BEACH, FL 33064 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:

02/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRODE, DAVID
Address: 1425 E NEWPORT CENTER
City-St-Zip: DEERFIELD BCH, FL 33442

Title: D () Delete
Name: RUTKIN, MICHAEL
Address: 1425 E NEWPORT CENTER
City-St-Zip: DEERFIELD BCH, FL 33442

Title: D () Delete
Name: RUTKIN, MARK
Address: 1425 E NEWPORT CENTER
City-St-Zip: DEERFIELD BCH, FL 33442

Title: D () Delete
Name: KEISER, TODD
Address: 1425 E NEWPORT CENTER DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STRODE, DAVID
Address: 2981 CENTERPORT CIRCLE, SUITE 2
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: RUTKIN, MICHAEL
Address: 2981 CENTERPORT CIRCLE, SUITE 2
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: RUTKIN, MARK
Address: 2981 CENTERPORT CIRCLE, SUITE 2
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: KEISER, TODD
Address: 2981 CENTERPORT CIRCLE, SUITE 2
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID STRODE

P

02/22/2006

Electronic Signature of Signing Officer or Director

Date