# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 15, 2011**
**Secretary of State**

DOCUMENT# P03000019228

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

**Current Principal Place of Business:**

2981 CENTERPORT CIRCLE
SUITE 2
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2981 CENTERPORT CIRCLE
SUITE 2
POMPANO BEACH, FL 33064

**New Mailing Address:**

**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
2981 CENTERPORT CIRCLE
SUITE 2
POMPANO BEACH, FL 33064 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: DAVID STRODE P 03/15/2011

Electronic Signature of Signing Officer or Director — Date