

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059994

FILED
Mar 10, 2004
Secretary of State

Entity Name: AMERICAN ADVANCED MEDICAL CENTER, INC

Current Principal Place of Business:

2315 NW 107TH AVE
SUITE M9
MIAMI, FL 33172

New Principal Place of Business:

10544 NW 26 STREET
SUITE E101
MIAMI, FL 33172

Current Mailing Address:

2315 NW 107TH AVE
SUITE M9
MIAMI, FL 33172

New Mailing Address:

10544 NW 26 STREET
SUITE E101
MIAMI, FL 33172

FEI Number: 56-2366409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERAL, NAZIEH
2315 NW 107TH AVE
SUITE M9
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

MERAL, NAZIEH
10544 NW 26 STREET
SUITE E101
MIAMI, FL 33172 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: NAZIEH MERAI

03/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAZIEH, MERAI
Address: 2315 NW 107TH AVE SUTE M9
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERAI, NAZIEH
Address: 10544 NW 26 STREET SUITE E101
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NAZIEH MERAI

P

03/10/2004

Electronic Signature of Signing Officer or Director

Date