2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128537

Entity Name: ALLIED MEDICAL SERVICE, INC.

FILED May 15, 2005 Secretary of State

Littly Na	IIIe. ALLIEDI	VIEDICAL SERVICE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
10446 117 LARGO, F	TH DRIVE N L 33773				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
10446 117 LARGO, F	TH DRIVE N L 33773				
FEI Number	: 65-1212547	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LARGO, F	TH DRIVE N L 33773 U		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car		93(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	·	ES TO OFFICERS AND DIRECTORS:	
OFFICER	S AND DIREC	ioks:	ADDITIONS/CHANG	es 10 officers and directors:	
Title: Name: Address: City-St-Zip:	PCEO (COMENT, JAS 10446 117TH LARGO, FL 3:	DRIVE N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROCKMAN, 3		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JASON COMENT CEO 05/15/2005