

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157981

FILED  
May 08, 2006  
Secretary of State

Entity Name: ADVANCED MEDICAL SUPPLY, INC.

## Current Principal Place of Business:

1915 WELBY WAY SUITE 4  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

1915 WELBY WAY SUITE 4  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 61-1464190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIST, MICHAEL  
1300 THOMASWOOD DR  
TALLAHASSEE, FL 32308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRAVES, RYAN  
Address: 2274 COBB DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: V ( ) Delete  
Name: GRAVES, TERRY  
Address: 2274 COBB DR.  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRAVES, RYAN  
Address: 2119 E. DELLVIEW DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V (X) Change ( ) Addition  
Name: GRAVES, TERRY  
Address: 4229 SUMMERTREE DR.  
City-St-Zip: TALLAHASSEE, FL 32311

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: TERRY GRAVES

V

05/08/2006

Electronic Signature of Signing Officer or Director

Date