

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90006 002 \*\*\*150.00

**DOCUMENT # P03000157981**

1. Entity Name  
**ADVANCED MEDICAL SUPPLY, INC.**



Principal Place of Business  
**1915 WELBY WAY SUITE 4  
TALLAHASSEE, FL 32308**

Mailing Address  
**1915 WELBY WAY SUITE 4  
TALLAHASSEE, FL 32308**

**40008649**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**4229 Summertree Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007

Chg-P

CR2E034 (12/06)

City & State

City & State  
**Tallahassee, FL**

4. FEI Number

**61-1464190**

Applied For

Not Applicable

Zip

Country

Zip

**32311**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIST, MICHAEL  
1300 THOMASWOOD DR  
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVES, RYAN 2119 E. DELLVIEW DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRAVES, TERRY 4229 SUMMERTREE DR. TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Terry Graves**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/07**

**850-907-8255**

Date

Daytime Phone #