

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042118

FILED
Apr 19, 2005
Secretary of State

Entity Name: ASSURED MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

6312 US HIGHWAY 301 N #161
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

6312 US HIGHWAY 301 N #161
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 51-0487935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCINTOSH, CLIVE O
9015 30TH STREET E
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

MCINTOSH, CLIVE O
7200 SUNSHINE SKYWAY LANE
7-B
ST. PETERSBURG, FL 33711 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: CLIVE MCINTOSH

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MCINTOSH, LORETTA
Address: 9015 30TH STREET E
City-St-Zip: PARRISH, FL 34219

Title: PT () Delete
Name: MCINTOSH, CLIVE O
Address: 9015 30TH STREET E
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MCINTOSH, LORETTA
Address: 7200 SUNSHINE SKYWAY LANE 7-B
City-St-Zip: ST. PETERSBURG, FL 33711

Title: PT (X) Change () Addition
Name: MCINTOSH, CLIVE O
Address: 7200 SUNSHINE SKYWAY LANE
City-St-Zip: ST. PETERSBURG, FL 33711

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: CLIVE MCINTOSH

PT

04/19/2005

Electronic Signature of Signing Officer or Director

Date