2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053659

Entity Name: AFRICAN AMERICAN MEDICAL NETWORK, INC.

FILED Jan 27, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6601 CENTER DR. WEST				6601 CENTER DR. WEST		
STE. 521			STE. 521			
LOS ANGELES, CA 99045			LUS ANGI	LOS ANGELES, CA 99045 US		
Current Mailing Address:			New Maili	New Mailing Address:		
6601 CENTER DR. WEST			8406 BEN	8406 BENJAMIN ROAD		
STE. 521 LOS ANGELES, CA 99045			SUITE C	SUITE C TAMPA, FL 34243 US		
LOS ANG	ELES, CA 990	40	TAIVIPA, F	L 34243 US	1	
FEI Number	r: 56-2448516	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of N	ew Registered Agent:	
MASTRO	PIETRO, DONA	ALD R				
	IJAMIN ŔOAD					
SUITE C TAMPA F	L 33634 US					
TZSIVII ZN, T	L 33034 00					
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered of	fice or registered agent, or bo	
SIGNATU						
0.014/ (10		nic Signature of Registered A	gent		 Date	
Election Ca		g Trust Fund Contribution ().	9			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
Title:	PD ()) Delete	Title:	P (X)	Change () Addition	
	RICHARDSON,	CHARLES V	k.i.			
Name:			Name:	CAMBRIDGE, R		
Address:	6601 CENTER	DRIVE WEST, SUITE 500	Address:	6601 CENTER I	DRIVE WEST, SUITE 500	
Address:		DRIVE WEST, SUITE 500			DRIVE WEST, SUITE 500	
Address: City-St-Zip:	6601 CENTER LOS ANGELES	DRIVE WEST, SUITE 500 , CA 90045	Address:	6601 CENTER I LOS ANGELES,	DRIVE WEST, SUITE 500 CA 90045	
Address: City-St-Zip: Title:	6601 CENTER LOS ANGELES	DRIVE WEST, SUITE 500 , CA 90045) Delete	Address: City-St-Zip:	6601 CENTER I LOS ANGELES,	ORIVE WEST, SUITE 500 CA 90045 Change () Addition	
Address: City-St-Zip: Title: Name:	6601 CENTER LOS ANGELES VPD () CAMBRIDGE, F	DRIVE WEST, SUITE 500 , CA 90045) Delete	Address: City-St-Zip: Title:	6601 CENTER I LOS ANGELES, ST (X)	ORIVE WEST, SUITE 500 CA 90045 Change () Addition O, DONALD R	
Address: City-St-Zip: Title: Name: Address:	6601 CENTER LOS ANGELES VPD () CAMBRIDGE, F	DRIVE WEST, SUITE 500 , CA 90045) Delete ROBERT K DRIVE WEST, SUITE 500	Address: City-St-Zip: Title: Name:	6601 CENTER I LOS ANGELES, ST (X) MASTROPIETR	DRIVE WEST, SUITE 500 CA 90045 Change () Addition O, DONALD R N ROAD	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	6601 CENTER LOS ANGELES VPD () CAMBRIDGE, F 6601 CENTER LOS ANGELES	DRIVE WEST, SUITE 500 , CA 90045 Delete ROBERT K DRIVE WEST, SUITE 500 , CA 90045	Address: City-St-Zip: Title: Name: Address: City-St-Zip:	6601 CENTER I LOS ANGELES, ST (X) MASTROPIETR 8406 BENJAMIN TAMPA, FL 342	DRIVE WEST, SUITE 500 CA 90045 Change () Addition O, DONALD R N ROAD 243 US	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	6601 CENTER LOS ANGELES VPD () CAMBRIDGE, F 6601 CENTER LOS ANGELES D (X)	DRIVE WEST, SUITE 500 ; CA 90045) Delete ROBERT K DRIVE WEST, SUITE 500 ; CA 90045) Delete	Address: City-St-Zip: Title: Name: Address:	6601 CENTER I LOS ANGELES, ST (X) MASTROPIETR 8406 BENJAMIN TAMPA, FL 342	DRIVE WEST, SUITE 500 CA 90045 Change () Addition O, DONALD R N ROAD	
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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.

City-St-Zip:

SIGNATURE: DONALD R MASTROPIETRO ST 01/27/2006

City-St-Zip: LOS ANGELES, CA 90045