
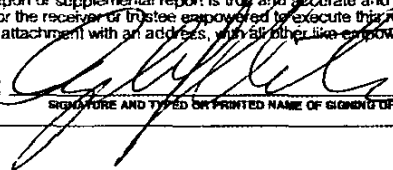


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90038 035 ***550.00

DOCUMENT # P04000081587 1. Entity Name ADVANCED MEDICAL THERAPIES, INC.					
Principal Place of Business 1620 MASON AVE., STE. A DAYTONA BEACH, FL 32117			Mailing Address 1620 MASON AVE., STE. A DAYTONA BEACH, FL 32117		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ORTOLANI, ANGELA J 1620 MASON AVE., STE. A DAYTONA BEACH, FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTOLANI, JOHN A M.D.		NAME		
STREET ADDRESS	1430 MASON AVE.		STREET ADDRESS		
CITY - ST - ZIP	DAYTONA BEACH, FL 32117		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTOLANI, ANGELA J		NAME		
STREET ADDRESS	1620 MASON AVE., STE. A		STREET ADDRESS		
CITY - ST - ZIP	DAYTONA BEACH, FL 32117		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 			Date 7/7/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone # 386-274-3601		