


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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 28-1175400	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTOLANI, JOHN A M.D. <input type="checkbox"/> Delete 1430 MASON AVE. DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTOLANI, ANGELA J <input type="checkbox"/> Delete 1620 MASON AVE., STE. A DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  **7/7/05** **396-274-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #