2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P04000089349 '

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90377 036 ***158.75

1. Entity Name AUTOMATED MEDICAL SERVICE, INC.				05-01-2006 903// 036 *****158./5			
AUTOMA	TED MILDICAL SERVICE, III	C .					
Principal Place	e of Business	Mailing Address	•]			
7041 GRAND NATIONAL DRIVE		7041 GRAND NATIONAL DRIVE]			
STE. 105 ORLANDO FL 32819		STE. 105 ORLANDO FL 32819					
Principal Place of Business 3. Mailing Address					EMINI JAIT IN LINES MEN MEN	ETP (SKTER) IN SETT	
Suite, Apt.	*, etc.	Suite, Apt. #, etc.	E	1st MOORE CR2E034 (10/05)			
City & State	, 2,	City & State		4, FEI Number 20-1224942		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	stered Agent		
	DIAN LINDT DA	•	Name	Name			
J. BRIAN HURT, P.A. 327 N. ORANGE AVENUE 2ND FLOOR			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 3280							
			City		FL Zip (Code	
	named entity submits this statement follows of registered agent.	or the purpose of changing its re	gistered office or registe	red agent, or both, in the State of Florida	ı. I am familiar v	vith, and accept	
SIGNATURE .	Signature, typed or printed name of organismed agent	and use # applicable (NC)YE P	нилать интавления княбу разоваба	d when roundlife(j)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of			Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	<u> </u>	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11	
TITLE	P	☐ Defete	TITLE	1001101010101010101010101010101010101010	Char		
NAME	WEIK, PAULA J		NAME			· -	
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32848 2 /	121 Jeense View Lane	STREET ADDRESS CHY-ST-ZIP			<u>-</u>	
TITLE	S/T	Delete	TITLE		Char	nge 🔲 Addilion	
STREET ADDRESS	WEIK, BRENT F 8 218 AMBROSE COVE WAY 113	21 Severic View Lane	NAME STREET ADDRESS			1	
CITY-ST-ZIP	ORLANDO FL 328 2	-	CITY-ST-ZIP			ì	
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NAME			NAME				
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NAME		-	NAME				
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CHTY-ST-ZIP			CITY-ST-ZIP	/ · · · · · · · · · · · · · · · · · · ·		F73 A 4 (7)	
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Cha	nge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby indicates of the co	certify that the information supplied w d on this report or supplemental report orporation or the receiver or trustee ar	ith this filing does not qualify for is true and accurate and that my powered to execute this reflort	the exemptions contain signature shall have the as required by Chapter 6	ed in Section 119, Florida Statutes, I fur e same legal effect as if made under oath 307, Florida Statutes; and that my name a	ther certify that i; that I am an of appears in Block	the information ficer or director 10 or Block 11	
if chang	A / 1.1	//	0. / 1/	, , , , , , , , , , , , , , , , , , , ,	407	-	
SIGNAT	TURE: HOULA J. Wa	iK Taula	V Steel.	2-15-06		-2815	
JUNIO	101E	PRINTED NAME OF SIGNING OFFICER O	R DERECTOR	Date	Dayrane Pho	ne e	