

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90377 036 \*\*\*158.75

<b>DOCUMENT # P04000089349</b> 1. Entity Name <b>AUTOMATED MEDICAL SERVICE, INC.</b>					
Principal Place of Business <b>7041 GRAND NATIONAL DRIVE STE. 105 ORLANDO FL 32819</b>			Mailing Address <b>7041 GRAND NATIONAL DRIVE STE. 105 ORLANDO FL 32819</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>SAME</i>		3. Mailing Address Suite, Apt. #, etc. <i>SAME</i>			
City & State <i>SAME</i>		City & State <i>SAME</i>			
Zip 		Country 		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>J. BRIAN HURT, P.A. 327 N. ORANGE AVENUE 2ND FLOOR ORLANDO FL 3280</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIK, PAULA J <del>8218 AMBROSE COVE WAY</del> 11321 Seaside View Lane ORLANDO FL 32821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WEIK, BRENT F <del>8218 AMBROSE COVE WAY</del> 11321 Seaside View Lane ORLANDO FL 32821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Paula J. Weik</i>			<i>Paula J. Weik</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>2-15-06</i>		
			Daytime Phone # <i>407-375-2815</i>		