


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90555 046 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P04000171798</b><br>1. Entity Name<br><b>ASSOCIATED MEDICAL TECH SERVICES INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>2224 SW 122 AVE<br/>MIAMI, FL 33175</b>   |  |   | Mailing Address<br><b>2224 SW 122 AVE<br/>MIAMI, FL 33175</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><b>8758 SW 8 St</b>   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State<br><b>Miami FL</b>   |  |   |  |
| Zip   | Country  | Zip<br><b>33174</b>   | Country<br><b>USA</b>  | 4. FEI Number<br><b>20-2097925</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GONZALEZ, CARLOS M<br/>2224 SW 122 AVE<br/>MIAMI, FL 33175</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>GONZALEZ, CARLOS M<br>2224 SW 122 AVE<br>MIAMI, FL 33175 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>SOSA, OLIVIA<br>2224 SW 122 AVE<br>MIAMI, FL 33175       | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____  | <input type="checkbox"/> Delete   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____<br>_____<br>_____   |   |  |

66020130



04272005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GONZALEZ, CARLOS M<br>2224 SW 122 AVE<br>MIAMI, FL 33175 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>SOSA, OLIVIA<br>2224 SW 122 AVE<br>MIAMI, FL 33175       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____  | <input type="checkbox"/> Delete            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____  | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |       |   |
|--|-------|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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)(i), 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4/28/05