2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State 05-02-2005 90555 046 ***150.00

DOCUMENT # P04000171798 1. Entity Name ASSOCIATED MEDICAL TECH SERVICES INC.								05-02-2005	90555	046 ***1	50.00
Principal Place of Business 2224 SW 122 AVE MIAMI, FL 33175			2	Mailing Address 2224 SW 122 AVE MIAMI, FL 33175			66020130				
2. Principal Place of Business			3.	3. Mailing Address 8758 SW 8 St							
Suite, Apt. #, etc.			+	Suite, Apt. #, etc.			04272005	Chg-P	CR2E00	34 (10/03)	
City & State			1	City & State Miami E			4. FEI Numb	097925		<u> </u>	plied For t Applicable
Zip	Country			33/74 Count		try USA	5. Certificate	of Status Desired	<u> </u>	\$8.75 Add Fee Required	
6. Name and Address of Current F				Registered Agent Name			7. Name and Address of New Registered Agent				
GONZALEZ, CARLOS M 2224 SW 122AVE				`			ress (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33175											
	·	•.				City			FL	Zip Code	, –
8. The above	named entir	Submits this statement	for the	ourgose of changing its	register	ed office or registe	tred agent, or bo	th. in the State of Flor		amiliar with	and eccept
 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 Signary's Typed or princed name of registered agent and total 4 explicable. (NOTE: Registered Agent algorithms regulated when reinstaining) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AN	D DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	DP CONTALET CARLOS M			Delete TITLE		- I				Change	Addition
NAME STREET ADDRESS	GONZALEZ, CARLOS M S 2224 SW 122 AVE				ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33175				-ST-ZIP						
TITLE	DS			Deleta	E			-	☐ Change	☐ Addition	
NAME STREET ADDRESS	SOSA, OLIVIA S 2224 SW 122 AVE				EET ADORESS						
CITY-ST-ZIP	MIAMI, FL 33175				-ST-ZIP					J	
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	Certify that th	e information supplied	rith this	filling difes not qualify to			Section 119.07/3	6). Florida Statutes 1:	lutther cert	ify that the in	formation
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 supplierhental 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 4mpowered 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 adachment with an address, with all other like empowered.											
SIGNATURE: 4/28/05											
SIGNATURE:											