

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000020240

FILED
Dec 09, 2007
Secretary of State

Entity Name: AMERICAN MEDICAL EVALUATION SERVICES, INC.

Current Principal Place of Business:

2600 W. 84 STREET
HIALEAH, FL 33016

New Principal Place of Business:

3800 W. 12 AVENUE
SUITE #2
HIALEAH, FL 33012

Current Mailing Address:

2600 W. 84 STREET
HIALEAH, FL 33016

New Mailing Address:

3800 W. 12 AVENUE
SUITE #2
HIALEAH, FL 33012

FEI Number: 20-2301667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, MANUEL
9600 NW 38TH ST.
SUITE 204
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

CASTRO, MANUEL
3800 W. 12 AVENUE
SUITE #2
HIALEAH, FL 33012 US

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.

SIGNATURE: MANUEL CASTRO

12/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRO, MANUEL
Address: 9600 W 38TH ST., #204
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: DOMINGUEZ, ENRIQUE
Address: 9600 W 38TH ST. #204
City-St-Zip: MIAMI, FL 33178

Title: S (X) Delete
Name: ORTIZ, JESUS
Address: 9600 NW 38TH STREET, #204
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTRO, MANUEL
Address: 3800 W. 12 AVENUE, SUITE #2
City-St-Zip: HIALEAH, FL 3312

Title: V (X) Change () Addition
Name: DOMINGUEZ, ENRIQUE
Address: 3800 W. 12 AVENUE, SUITE #2
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CASTRO

PD

12/09/2007

Electronic Signature of Signing Officer or Director

Date