

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034151

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** ADVANCED MEDICAL MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2020 NE 48TH COURT  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2020 NE 48TH COURT  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 51-0536856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUBROW DUKER & ASSOCIATES, PA  
5401 N. UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: COO ( ) Delete  
Name: WALSH, MICHAEL JR  
Address: 2020 NE 48TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: CFO ( ) Delete  
Name: METZGER, REGIS  
Address: 2020 NE 48TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: CEO ( ) Change (X) Addition  
Name: GRAVALESE, MARCELLA  
Address: 2020 NE 48TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33308

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:** REGIS METZGER

CFO

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date