

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000006972

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Entity Name:** ALLIED MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

1523 S. ORANGE AVE.  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

2020 N.E. 48TH COURT  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 03-0578595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUBROW DUKER & ASSOCIATES, P.A.  
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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MCCLINTOCK, BRIAN  
Address: 2020 NE 48 CT  
City-St-Zip: FORT LAUDERDALE, FL 33308 UN

Title: TREA  
Name: SIEGEL, STEVEN  
Address: 2020 NE 48TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby 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 all other like empowered.

SIGNATURE: STEVEN SIEGEL

TREA

06/13/2012

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

\_\_\_\_\_  
Date