2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# P06000015941

Entity Name: ADVANCED MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

52 RILEY ROAD #305
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

52 RILEY ROAD #305
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-4270675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWNLOW, BRYAN W
13841 OSPREY LINKS ROAD #225
ORLANDO, FL 32837 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: BRYAN W BROWNLOW
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOTENFOE, RICHARD R
Address: 52 RILEY RD #368
City-St-Zip: CELBRATION, FL 34747

Title: DV ( ) Delete
Name: ESSIG, KENNETH A
Address: 1125 CITRUS TOWER BLVD STE #125
City-St-Zip: CLERMONT, FL 34711

Title: DT ( ) Delete
Name: JHAVERI, FAIYAAZ
Address: 2217 NORTH BLVD WEST
City-St-Zip: DAVENPORT, FL 32836

Title: DS ( ) Delete
Name: BROWNLOW, BRYAN
Address: 16034 SNOW MEMORIAL BLVD
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change ( ) Addition
Name: BROWNLOW, BRYAN
Address: 13841 OSPREY LINKS RD APT #225
City-St-Zip: ORLANDO, FL 32837

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: BRYAN W BROWNLOW DS 10/09/2007
Electronic Signature of Signing Officer or Director Date