

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130348

FILED
Aug 26, 2011
Secretary of State

Entity Name: AMERICAN MEDICAL DEVICES, INC.

Current Principal Place of Business:

2721 FORSYTH ROAD
365
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

2721 FORSYTH ROAD
365
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 20-5709762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARRER, ROBERT S
12856 CATFISH COURT
ORLANDO, FL 32828 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: PRES
Name: SHARRER, ROBERT S
Address: 12856 CATFISH COURT
City-St-Zip: ORLANDO, FL 32828 US

Title: TRES
Name: GOWDA, RAJ K
Address: 12856 CATFISH COURT
City-St-Zip: ORLANDO, FL 32828 US

Title: SECT
Name: SHARRER, ROBERT S
Address: 12856 CATFISH COURT
City-St-Zip: ORLANDO, FL 32828 US

Title: DIR
Name: GOWDA, RAJ K
Address: 12856 CATFISH COURT
City-St-Zip: ORLANDO, FL 32828 US

Title: DIR
Name: SHARRER, ROBERT S
Address: 12856 CATFISH COURT
City-St-Zip: ORLANDO, FL 32828 US

Title: DIR
Name: ROSENMAYER, DAN F
Address: 12856 CATFISH COURT
City-St-Zip: ORLANDO, FL 32828 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: ROBERT S SHARRER

GM

08/26/2011

Electronic Signature of Signing Officer or Director

Date