

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000144932

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

**Entity Name:** AMERITEK MEDICAL SOLUTIONS, INC

**Current Principal Place of Business:**

30 SKYLINE DR #2350  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

30 SKYLINE DR #2350  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 20-5925248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUTES, LARRY  
4250 ST JOHNS PARKWAY  
SANFORD, FL 32771 US

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

STUTES, LARRY W  
30 SKYLINE DRIVE  
#2350  
LAKE MARY, FL 32746 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: LARRY W STUTES

02/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STUTES, LARRY W  
Address: 30 SKYLINE DR #2350  
City-St-Zip: LAKE MARY, FL 32746

Title: V.P.  
Name: STUTES, LINDA J  
Address: 30 SKYLINE DR #2350  
City-St-Zip: LAKE MARY, FL 32746

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: LARRY W STUTES

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date