

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098460

Entity Name: AVMEDCO INC.

FILED
Jan 08, 2010
Secretary of State

Current Principal Place of Business:

2710 S.W. 18TH AVE.
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2710 S.W. 18TH AVE.
OCALA, FL 34471 US

New Mailing Address:

POB 5898
OCALA, FL 34478 US

FEI Number: 06-1825743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALESTRIERI, PETER A
2710 S.W. 18TH AVE.
OCALA, FL 34471 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: PRES
Name: BALESTRIERI, COLLEEN S
Address: 2710 S.W. 18TH AVE.
City-St-Zip: OCALA, FL 34471 US

Title: TRES
Name: BALESTRIERI, PETER A
Address: 2710 S.W. 18TH AVE.
City-St-Zip: OCALA, FL 34471 US

Title: SECT
Name: BALESTRIERI, PETER A
Address: 2710 S.W. 18TH AVE.
City-St-Zip: OCALA, FL 34471 US

Title: DIR
Name: BALESTRIERI, PETER A
Address: 2710 S.W. 18TH AVE.
City-St-Zip: OCALA, FL 34471 US

Title: DIR
Name: BALESTRIERI, COLLEEN S
Address: 2710 S.W. 18TH AVE.
City-St-Zip: OCALA, FL 34471 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: PETER A. BALESTRIERI

DIR

01/08/2010

Electronic Signature of Signing Officer or Director

Date