

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000190

FILED
Mar 18, 2009
Secretary of State

Entity Name: AMERICAN MED SUPPLY INC.

Current Principal Place of Business:

4900 BRITTANY DRIVE S
SUITE 1803
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

4900 BRITTANY DRIVE S
SUITE 1803
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 26-1684297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGARTY, TIMOTHY
4900 BRITTANY DRIVE S
SUITE 1803
ST. PETERSBURG, FL 33715 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: P () Delete
Name: FOGARTY, TIMOTHY
Address: 4900 BRITTANY DRIVE S, SUITE 1803
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VP () Delete
Name: COTTS, ALLYN
Address: 847 DORSET CT. N.
City-St-Zip: ALLENTOWN, PA 18104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CUTTS, ALLYN
Address: 847 DORSET CT. N.
City-St-Zip: ALLENTOWN, PA 18104

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: ALLYN CUTTS

VP

03/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date