

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000190

Entity Name: AMERICAN MED SUPPLY INC.

FILED  
Jun 17, 2010  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

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

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: TIMOTHY R. FOGARTY

PRES

06/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date