

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105215

Entity Name: AMERICAN MEDICAL DISTRIBUTION, INC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1700 66 TH STREET N
SUITE 310
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

1700 66TH STREET N
SUITE 310
ST PETERSBURG, FL 33710 US

Current Mailing Address:

New Mailing Address:

FEI Number: 26-3791755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLECKO, KEVIN R
1700 66 TH STREET N
SUITE 310
ST PETERSBURG, FL 33710 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: D,P () Delete
Name: KAY, DENNIS MD
Address: 1700 66TH STREET N, SUITE 310
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D,S () Delete
Name: DYKE, BYRON
Address: 1700 66TH STREET N, SUITE 310
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D,VP () Delete
Name: DEBELLA, JOHN
Address: 1700 66 TH STREET N, SUITE 310
City-St-Zip: ST PETERSBURG, FL 33710 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BYRON DYKE

D.S

04/20/2009

Electronic Signature of Signing Officer or Director

Date