## 2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P08000105215

Entity Name: AMERICAN MEDICAL DISTRIBUTION, INC

FILED Oct 06, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1700 66 TH STREET N SUITE 310

ST PETERSBURG, FL 33710 US

Current Mailing Address: New Mailing Address:

1700 66TH STREET N 1700 66 TH STREET N

SUITE 310 SUITE 310

ST PETERSBURG, FL 33710 US ST PETERSBURG, FL 33710 US

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

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

HOLECKO, KEVIN R DYKE, BYRON 1700 66 TH STREET N 1700 66 TH STREET N

SUITE 310
ST PETERSBURG, FL 33710 US
ST PETERSBURG, FL 33710 US
ST PETERSBURG, FL 33710 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: BYRON DYKE 10/06/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: D.P

Name: DAMKOEHLER, GARY L

Address: 1700 66TH STREET N, SUITE 310 City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D,S

Name: DYKE, BYRON

Address: 1700 66TH STREET N, SUITE 310 City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D,VP

Name: DEBELLA, JOHN

Address: 1700 66 TH STREET N, SUITE 310 City-St-Zip: ST PETERSBURG, FL 33710 FL

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: BYRON DYKE SEC 10/06/2011