

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031147

**FILED**  
**Jul 06, 2011**  
**Secretary of State**

**Entity Name:** AMOR BIOMEDICAL CONSULTING CORP

**Current Principal Place of Business:**

5900 SW 127TH AVE #3112  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

5900 SW 127TH AVE #3112  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 27-2344262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMOR, DAVID  
5900 SW 127TH AVE #3112  
MIAMI, FL 33183 US

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

BRIAN PRZYSTUP AND ASSOCIATES LLC  
275 NE 18TH ST  
#310  
MIAMI, FL 33132 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: BRIAN PRZYSTUP

07/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: AMOR, DAVID  
Address: 5900 SW 127TH AVE #3112  
City-St-Zip: MIAMI, FL 33183

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: DAVID AMOR

PST

07/06/2011

Electronic Signature of Signing Officer or Director

Date