

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P26742

1. Entity Name  
AMERICAN MEDICAL (CENTRAL), INC.



FILED  
05 APR 28 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3820 STATE STREET  
SANTA BARBARA, CA 93105 US

Mailing Address  
C/O SHERRIE SMITH  
3820 STATE STREET  
SANTA BARBARA, CA 93105



2. Principal Place of Business  
13737 Noel Road

3. Mailing Address  
13737 Noel Road

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Dallas, TX

City & State  
Dallas, TX

Zip  
75240

Country  
USA

Zip  
75240

Country  
USA

02242005 Chg-P CR2E034 (10/03)

4. FEI Number  
95-2562501

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE P ☐ Delete  
NAME SMITH, ROBERT L  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE T ☐ Delete  
NAME DENT, DENNIS L  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS ☐ Delete  
NAME MACK, KRISTINA A  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100054229681  
05/10/05--01048--012 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kristina A. Mack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack, Asst. Secretary

3/10/05

Date

805-563-7000

Daytime Phone #

5/10/05 APR 28 2005