2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# P93000050002

Entity Name: AMERICAN MEDICAL NETWORK, INC.

Current Principal Place of Business:

218 JACKSON STREET
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

218 JACKSON STREET
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3246729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAGH, JAMES F
1024 TUSCANY PLACE
WINTER PARK, FL 32789 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 ( ) Delete
Name: BISMUTH, ROBERT
Address: 2101-4TH AVE, SUITE 2000
City-St-Zip: SEATTLE, WA 98121 US

Title: D ( ) Delete
Name: STONEROCK, ROBERT F JR
Address: 1306 WOODLAND ST.
City-St-Zip: ORLANDO, FL 32806 US

Title: PD ( ) Delete
Name: KRAGH, JAMES F
Address: 218 JACKSON ST
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: OLSON, MARY
Address: 415 PEACHTREE ROAD
City-St-Zip: ORLANDO, FL 32804 US

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:

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: JAMES F. KRAGH PD 03/05/2008

Electronic Signature of Signing Officer or Director Date