

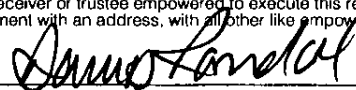


FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P93000063344 1. Entity Name ADVANCED MEDICAL DESIGN, INC.			
Principal Place of Business 16120 VANDERBILT DR ODESSA, FL 33556 US		Mailing Address 16120 VANDERBILT DR ODESSA, FL 33556 US	
DO NOT WRITE IN THIS SPACE			
		03112008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3206942	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIMARCO, ROBERT F 3440 E. LAKE ROAD #104 PALM HARBOR, FL 34685		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/08/08-00010-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D RANDOL, DAVID 16120 VANDERBILT DR ODESSA, FL 33556		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date 3/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	