

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078860

Entity Name: AMERICAN MEDICAL INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

1822 OLD OKEECHOBEE RD.
WEST PALM BCH., FL 33409

Current Mailing Address:

1822 OLD OKEECHOBEE RD.
WEST PALM BCH., FL 33409

New Principal Place of Business:

1810 OLD OKEECHOBEE RD.
SUITE A
WEST PALM BCH., FL 33409

New Mailing Address:

1810 OLD OKEECHOBEE RD.
SUITE A
WEST PALM BCH., FL 33409

FEI Number: 65-0528825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, DANIEL F
1822 OLD OKEECHOBEE ROAD
#B
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

FREEMAN, DANIEL F
1810 OLD OKEECHOBEE ROAD
A
WEST PALM BEACH, FL 33409 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:

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREEMAN, ROBERT
Address: 1822 OLD OKEECHOBEE ROAD, #B
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete
Name: FREEMAN, DANIEL
Address: 1822 OLD OKEECHOBEE ROAD, #B
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V () Delete
Name: BURDETT, CHRISTOPHER C
Address: 1822 OLD OKEECHOBEE ROAD, #B
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FREEMAN, DANIEL
Address: 1810 OLD OKEECHOBEE ROAD, #A
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Change () Addition
Name: FREEMAN, ROBERT
Address: 1810 OLD OKEECHOBEE ROAD, #A
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V (X) Change () Addition
Name: BURDETT, CHRISTOPHER C
Address: 1810 OLD OKEECHOBEE ROAD, #A
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL FREEMAN

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date