2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# P94000078860

Entity Name: AMERICAN MEDICAL INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
1810 OLD OKEECHOBEE ROAD
A
WEST PALM BEACH, FL 33409 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: P
Name: FREEMAN, DANIEL
Address: 1810 OLD OKEECHOBEE ROAD, #A
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: V
Name: BURDETT, CHRISTOPHER C
Address: 1810 OLD OKEECHOBEE RD STE A
City-St-Zip: WEST PALM BEACH, FL 33409

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: DANIEL F. FREEMAN P 02/22/2010

Electronic Signature of Signing Officer or Director Date