

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000091424

1. Entity Name
ADVANTAGE MEDICAL INTERNATIONAL, INC.



Principal Place of Business
**10630 WILES ROAD
CORAL SPRINGS, FL 33076 US**

Mailing Address
**10630 WILES ROAD
CORAL SPRINGS, FL 33076 US**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0646382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENDRICKS, LINDA
9651 NW 39TH COURT
CORAL SPRINGS, FL 33065**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KENDRICKS, DAVID
10630 WILES ROAD
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KENDRICKS, KEN
10630 WILES ROAD
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KENDRICKS, LINDA
10630 WILES ROAD
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000586958
01/17/07-80014-002 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Kendrick **KEN KENDRICKS**

1-10-07

Date

Daytime Phone #