## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000003259

FILED Apr 29, 2005 Secretary of State

Entity Nam	ie: AMERICA	N MEDICAL SOLUTIONS COP	RP.		
Current Principal Place of Business:			New Principal Place of	Business:	
3414 GRIFF DANIA, FL					
Current Mailing Address:			New Mailing Address:		
3414 GRIFF DANIA, FL					
FEI Number:	65-0644380	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
TURNER, WILLIAM R C.P.A. 8751 W. BROWARD BLVD. 207 PLANTATION, FL 33324 US			5170 SW 21ST COURT	TURNER, WILLIAM R C.P.A. 5170 SW 21ST COURT PLANTATION, FL 33317 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/29/2005	
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () GOLD, DANIEL 3414 GRIFFIN F DANIA, FL 333		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TCFO () JANI, PRADIP 3414 GRIFFIN F DANIA, FL 333		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PRADIP JANI TCFO 04/29/2005