

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003259

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: AMERICAN MEDICAL SOLUTIONS CORP.

**Current Principal Place of Business:**

3414 GRIFFIN ROAD  
DANIA, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3414 GRIFFIN ROAD  
DANIA, FL 33312

**New Mailing Address:**

FEI Number: 65-0644380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, WILLIAM R C.P.A.  
5170 SW 21ST COURT  
PLANTATION, FL 33317 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: DPS ( ) Delete  
Name: GOLD, PETER  
Address: 3414 GRIFFIN ROAD  
City-St-Zip: DANIA, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: MINTER, THOMAS WYATT  
Address: ST. ERIKSGARTON 462TR  
City-St-Zip: STOCKHOLM, SE 11234

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS WYATT-MINTER

DPS

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date