FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B.
Secretary
DIVISION OF CORPORATIONS

FILED
97 SEP 29 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071990 (1)**

1. Corporation Name
ADVANCED MEDICAL INNOVATIONS, INC.

Principal Place of Business	Mailing Address
410 S.E. 1ST TERRACE POMPANO BEACH FL 33060	410 S.E. 1ST TERRACE POMPANO BEACH FL 33060-7108

3. Date Incorporated or Qualified: 08/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21 4631 N.W. 31 AVE. Nue
Suite, Apt. #, etc.
22 #233
City & State
23 Fort Lauderdale, FLA
Zip: 24 33309 Country: 25 BROWARD

2a. Mailing Address
26 4631 N.W 31 Avenue
Suite, Apt. #, etc.
27 #233
City & State
28 Fort Lauderdale, FLA
Zip: 29 33309 Country: 30 Broward

4. FEI Number: 65-0694048 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
[redacted] JOSEPH HENRY
410 S.E. 1ST TERRACE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name: BOGDAN, Joseph H.
82 Street Address (P.O. Box Number is Not Acceptable): 1070 SW 46th Ave #108
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, type or print name of registered agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOGDAN, JOSEPH H	1.2 NAME	
STREET ADDRESS	410 S.E. 1ST TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	500002308805--2
STREET ADDRESS		2.3 STREET ADDRESS	-10/01/97--01077--002
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 9/25/97 954-972-1690