P96000033053

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700056290877

06/22/05--01011--008 **35.00

OS JUN 22 PN 1: 49
SECRETARY OF STATE
TALLAHASSEE FLORIDA



T. Smith

JUN 23 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: American Medical Specialties, Inc. (Name of corporation)
DOCUMENT NUMBER: P96000082053
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dick Furlong (Name of contact person)
American Medical Specialties, Inc. (Firm/Company)
10650 72nd. Street, #405 (Address)
Largo, FL 33777 (City/state and zip code)
For further information concerning this matter, please call:
Dick Furlong at (727) 561-9400 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amenament Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of _	Florida
1. The name of	the corporation: American Medical Spec	cialties, Inc.	
2. The principal	l office address: 10650 72nd. Street, #40	05	
	Largo, FL 33777	·	
3. The mailing	address (if different): Same as above.		·
4. Date of incor	poration/qualification; 9/30/96	Document number: P960000	082053
	d street address of the current registered a artment of State:	agent and registered office on file wi	ith the
	Dick Furlong		
	10750 Endeavour Way		-
	Largo, FL 33777		_
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered of	fice
	Dick Furlong		
	10650 72nd. Street, #405		05 SEI
	(P.O. Box NOT acceptable)	
	Largo, FL 33777	·	N 2:
_	ess of its registered office and the street I be identical.		, O)
Such change was authorized by	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so-
Signal	de an office of director)	Dick Furlong (Printed or typed name and	· ·
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent an to comply with the provisions of all stat nd I am familiar with and accept the obl ing filed merely to reflect a change in the speen notified in writing of this change	nd agree to act in this capacity. utes relative to the proper and con- ligation of my position as registere ie registered office address, I here.	nplete performance ed agent. Or, if this by confirm that the
	Market Ma	May 26, 2005	
0.0	enalf of an entity:	(Date)	
Dick Furlong			
C	Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *