

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082053

FILED
Apr 18, 2006
Secretary of State

Entity Name: AMERICAN MEDICAL SPECIALTIES, INC.

Current Principal Place of Business:

10650 72 ST #405
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

10650 72 ST #405
LARGO, FL 33777

New Mailing Address:

FEI Number: 65-0713302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLONG, DICK
10650 72 ST #405
LARGO, FL 33777 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: P () Delete
Name: FURLONG, DICK
Address: 15220 LEITH WALK LANE
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SCHABER, JOHN
Address: 6525 MILLSTONE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: DICK FURLONG

P

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date