


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000100306 1. Entity Name AMERICAN MEDICAL DISCOUNT SUPPLIES, INC.	
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Principal Place of Business 500 NE SPANISH RIVER BLVD, STE 24 BOCA RATON, FL 33431	Mailing Address 500 NE SPANISH RIVER BLVD, STE 24 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0797974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKSON, LAWRENCE A
500 NE SPANISH RIVER BLVD, STE 24
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DICKSON, LAWRENCE A
STREET ADDRESS	834 NE 75TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	D
NAME	JANSON, GARY M
STREET ADDRESS	1420 SW 19TH ST
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/08/05-80002-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/05 561-362-7105