

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 046 ***150.00

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1. Entity Name
AMERICAN MEDICAL DISCOUNT SUPPLIES, INC.



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

40046730

2. Principal Place of Business

TSI PARK OF COMMERCE DR

3. Mailing Address

TSI PARK OF COMMERCE DR

Suite, Apt. #, etc.

126

Suite, Apt. #, etc.

126

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33487

Country

USA

Zip

33487

Country

USA

04102006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0797974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

TSI PARK OF COMMERCE DRIVE

SUITE 126

City

BOCA RATON

FL

Zip Code

33487

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

[Signature] GARY M. JANSON 4/10/06 561-362-7105