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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90041 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000070631

1. Corporation Name
AMERICAN MEDICAL RESEARCH, INC.

Principal Place of Business
3109 CRYSTAL CAY
BELLAIR BEACH FL 33786

Mailing Address
3109 CRYSTAL CAY
BELLAIR BEACH FL 33786

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/13/1998

4. FEI Number

59-3530170

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21 **PINELLAS COUNTY**

26 **3109 Crystal Cay**

Suite, Apt. #, etc.

27 **Bellaire Beach**

22 City & State

28 **FL 33786**

23 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
410 WEST MERRITT ISLAND AVENUE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Katherine Harris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

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1.98 NAME

1.99 STREET ADDRESS

1.100 CITY-ST-ZIP

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)