

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000070631

1. Entity 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



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3530170

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SENA, JOSEPH | |
| STREET ADDRESS | 3109 CRYSTAL CAY | |
| CITY ST ZIP | BELLEAIR BEACH FL 33786 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
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| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | U000000628106 | |
| STREET ADDRESS | 02/16/07-80001-023 150.00 | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 Section 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

2/4/07

(727) 481-4467