

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024382

Entity Name: ALL-MED EXPRESS, INC.

FILED
Jan 14, 2011
Secretary of State

Current Principal Place of Business:

304 KINGSLEY LAKE DRIVE
SUITE 601
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

304 KINGSLEY LAKE DRIVE
SUITE 601
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 65-0903450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, ILISA
304 KINGSLEY LAKE DRIVE
SUITE 601
SAINT AUGUSTINE, FL 32092 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

OFFICERS AND DIRECTORS:

Title: P
Name: GRIFFIN, BRUCE A
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP
Name: VESPI, ANGELO E
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D
Name: GRIFFIN, ILISA
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D
Name: VESPI, JENNIFER
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: ILISA GRIFFIN

D

01/14/2011

Electronic Signature of Signing Officer or Director

Date