2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# P99000024382

Entity Name: ALL-MED EXPRESS, INC.

Current Principal Place of Business:

109 NATURE WALK PARKWAY, SUITE 107
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

109 NATURE WALK PARKWAY, SUITE 107
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:

GRIFFIN, ILISA
109 NATURE WALK PARKWAY
SUITE 107
SAINT AUGUSTINE, FL 32092 US

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: _____ 01/04/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: GRIFFIN, BRUCE A
Address: 109 NATURE WALK PARKWAY, SUITE 107
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP
Name: VESPI, ANGELO E
Address: 109 NATURE WALK PARKWAY, STE 107
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D
Name: GRIFFIN, ILISA
Address: 109 NATURE WALK PARKWAY, STE 107
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D
Name: VESPI, JENNIFER
Address: 109 NATURE WALK PKWY, STE 107
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 01/04/2012
Electronic Signature of Signing Officer or Director — Date