

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000092177
 1. Entity Name
 AMERICAN MEDICAL CARE, INC.



Principal Place of Business Mailing Address
 7315 HUDSON AVE 7315 HUDSON AVE
 HUDSON, FL 34667 HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE



D1102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3603839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
 2701 N. ROCKY POINT DR.
 SUITE 930
 TAMPA, FL 33602

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

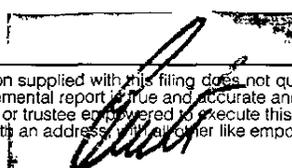
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONATI, ALFRED O M.D. 7315 HUDSON AVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O RYAN, CECILIA 7315 HUDSON AVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/08/06-80051-003 150.00

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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, title, or other like empowered.

SIGNATURE:  *President* 1-24-06 (727) 868-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #