

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90043 030 ***150.00

DOCUMENT # S82323

1. Entity Name

ADVANTAGE MEDICAL ELECTRONICS, INC.



Principal Place of Business

Mailing Address

10630 WILES RD
CORAL SPRINGS FL 33076
US

10630 WILES RD
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0284999

Applied For

Not Applicable

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

EASLER, LINDA
10630 WILES RD
CORAL SPRINGS FL 33076

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME KENDRICKS, DAVID A.
STREET ADDRESS 1401 UNIVERSITY DR, #301
CITY-ST-ZIP CORAL SPRINGS FL

TITLE PT ☒ Change ☐ Addition
NAME KENDRICKS, DAVID A.
STREET ADDRESS 10630 WILES RD.
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE VS ☐ Delete
NAME EASLER, LINDA
STREET ADDRESS 1401 UNIVERSITY DR, #301
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VS ☒ Change ☐ Addition
NAME EASLER, LINDA
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

DAVID A KENDRICKS

3-21-04

954-345-9800