

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S97773
 1. Entity Name
ADVANCED MEDICAL CONCEPTS, INC.



Principal Place of Business THE PALMS BLDG. 1607 54TH ST. W. BRADENTON, FL 34209	Mailing Address THE PALMS BLDG. 1607 54TH ST. W. BRADENTON, FL 34209
---	---

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0336858	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
 TEVES, LEONIDES Y., M.D.
 THE PALMS BLDG.
 1607 54TH ST. W.
 BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

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 reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE P	TEVES, LEONIDES, Y, M.D. 1607 54TH ST. W. BRADENTON, FL 34209
TITLE ST	STRAZZULLA, DOMENIC 48 OLD COACH RD COHASSET, MA
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

00000000511
 01/08/04-80014-019 150.00

DO NOT WRITE IN THIS SPACE

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: _____ **1-5-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #