2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11691

FILED Jan 03, 2008 Secretary of State

Entity Name: ISLAND AUTOMATED MEDICAL SERVICES, INC.

New Principal Place of	of Business:
New Mailing Address	:
FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of	New Registered Agent:
irpose of changing its registered	office or registered agent, or both,
nt	Date
ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	()Change ()Addition
Title:	() Change () Addition
	Name and Address of changing its registered at the contract of

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN TRAVLOS PRES 01/03/2008