

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15774

FILED
Jul 12, 2005
Secretary of State

Entity Name: ALL MED HEALTH SYSTEMS, INC.

Current Principal Place of Business:

230 N. DIXIE HWY, BAY 26
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

230 N. DIXIE HWY, BAY 26
509
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0314878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHT, PAUL
230 N. DIXIE HWY, BAY 26
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEIGHT, PAUL
Address: 230 N. DIXIE HWY, BAY 26
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL LEIGHT

PD

07/12/2005

Electronic Signature of Signing Officer or Director

Date