

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V60464

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN MEDICAL MANAGEMENT GROUP INC.

**Current Principal Place of Business:**

12828 DOWNSTREAM CIR  
SUITE A  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 440083  
KENNESAW, GA 30160

**New Mailing Address:**

P. O. BOX 4293  
LAKE CHARLES, LA 70606

**FEI Number:** 59-3172897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAHEEN, ETCH  
12828 DOWNSTREAM CIR  
ORLANDO, FL 32828 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ETCH, SHAHEEN  
Address: 12828 DOWNSTREAM CIR.  
City-St-Zip: ORLANDO, FL 32828

I hereby 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 all other like empowered.

**SIGNATURE:** ETCH SHAHEEN

P

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date