

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053659

FILED
Jan 27, 2006
Secretary of State

Entity Name: AFRICAN AMERICAN MEDICAL NETWORK, INC.

Current Principal Place of Business:

6601 CENTER DR. WEST
STE. 521
LOS ANGELES, CA 99045

Current Mailing Address:

6601 CENTER DR. WEST
STE. 521
LOS ANGELES, CA 99045

FEI Number: 56-2448516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6601 CENTER DR. WEST
STE. 521
LOS ANGELES, CA 99045 US

New Mailing Address:

8406 BENJAMIN ROAD
SUITE C
TAMPA, FL 34243 US

Name and Address of Current Registered Agent:

MASTROPIETRO, DONALD R
8406 BENJAMIN ROAD
SUITE C
TAMPA, FL 33634 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: PD () Delete
Name: RICHARDSON, CHARLES V
Address: 6601 CENTER DRIVE WEST, SUITE 500
City-St-Zip: LOS ANGELES, CA 90045

Title: VPD () Delete
Name: CAMBRIDGE, ROBERT K
Address: 6601 CENTER DRIVE WEST, SUITE 500
City-St-Zip: LOS ANGELES, CA 90045

Title: D (X) Delete
Name: JOHNSON, VERDIA
Address: 200 VARICK STREET, SUITE 610
City-St-Zip: NEW YORK, NY 10014

Title: D (X) Delete
Name: MAXEY, RANDALL MD
Address: 575 EAST HARDY STREET, SUITE 207
City-St-Zip: INGLEWOOD, CA 90301

Title: D (X) Delete
Name: MALTZER, MARK C MD
Address: 6601 CENTER DRIVE WEST, SUITE 500
City-St-Zip: LOS ANGELES, CA 90045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMBRIDGE, ROBERT K
Address: 6601 CENTER DRIVE WEST, SUITE 500
City-St-Zip: LOS ANGELES, CA 90045

Title: ST (X) Change () Addition
Name: MASTROPIETRO, DONALD R
Address: 8406 BENJAMIN ROAD
City-St-Zip: TAMPA, FL 34243 US

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

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

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 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: DONALD R MASTROPIETRO

ST

01/27/2006

Electronic Signature of Signing Officer or Director

Date