

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053659

FILED  
Feb 16, 2007  
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 US

## New Principal Place of Business:

8406 BENJAMIN ROAD  
SUITE C  
TAMPA, FL 33634 US

## Current Mailing Address:

8406 BENJAMIN ROAD  
SUITE C  
TAMPA, FL 34243 US

## New Mailing Address:

8406 BENJAMIN ROAD  
SUITE C  
TAMPA, FL 33634 US

FEI Number: 56-2448516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COHEN, PHILIP M  
Address: 8406 BENJAMIN ROAD, SUITE C  
City-St-Zip: TAMPA, FL 33634

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

02/16/2007

Electronic Signature of Signing Officer or Director

Date