

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000190

**Entity Name:** AMERICAN MED SUPPLY INC.

**Current Principal Place of Business:**

5003 BRITTANY DRIVE S  
SUITE 11  
ST. PETERSBURG, FL 33715

**Current Mailing Address:**

4900 BRITTANY DRIVE S  
SUITE 1803  
ST. PETERSBURG, FL 33715

**FEI Number:** 26-1684297

**Certificate of Status Desired:** No

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

FOGARTY, TIMOTHY  
4900 BRITTANY DRIVE S  
SUITE 1803  
ST. PETERSBURG, FL 33715 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	FOGARTY, TIMOTHY	Name	CUTTS, ALLYN
Address	4900 BRITTANY DRIVE S, SUITE 1803	Address	847 DORSET CT. N.
City-State-Zip:	ST. PETERSBURG FL 33715	City-State-Zip:	ALLENTOWN PA 18104

*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:** TIMOTHY R. FOGARTY

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date