

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000100563

Entity Name: ANATOMICAL ARCHITECTS MEDICAL DEVICES, INC.

Current Principal Place of Business:

3860 WEST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3860 WEST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309 US

FEI Number: 45-3861651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILIPSON, ALAN S
3860 WEST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309 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 CEO
Name PHILIPSON, ALAN S
Address 3860 WEST COMMERCIAL BLVD.
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRES
Name PHILIPSON, CORNELIA T
Address 3860 WEST COMMERCIAL BLVD.
City-State-Zip: FORT LAUDERDALE FL 33309

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: ALAN PHILIPSON

CEO

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date