

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005441

Entity Name: ADVANCED MEDICAL REVIEWS, INC.**Current Principal Place of Business:**3280 PEACHTREE ROAD
SUITE 2625
ATLANTA, GA 30305**Current Mailing Address:**3280 PEACHTREE ROAD
SUITE 2625
ATLANTA, GA 30305 US**FEI Number: 59-3791598****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	PERLMAN, RICHARD E
Address	3280 PEACHTREE ROAD, SUITE 2625
City-State-Zip:	ATLANTA GA 30305

Title	DIRECTOR
Name	PRICE, JAMES K
Address	3280 PEACHTREE ROAD SUITE 2625
City-State-Zip:	ATLANTA GA 30305

Title	P
Name	CAMPBELL, WESLEY
Address	3280 PEACHTREE ROAD SUITE 2625
City-State-Zip:	ATLANTA GA 30305

Title	TREASURER
Name	FERNANDEZ DE CASTRO, J. MIGUEL
Address	3280 PEACHTREE ROAD SUITE 2625
City-State-Zip:	ATLANTA GA 30305

Title	VP
Name	PATMORE, CRYSTAL
Address	3280 PEACHTREE ROAD SUITE 2625
City-State-Zip:	ATLANTA GA 30305

Title	SECRETARY
Name	ARGUEDAS, CLARE
Address	3280 PEACHTREE ROAD SUITE 2625
City-State-Zip:	ATLANTA GA 30305

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: CLARE ARGUEDAS**SECRETARY****01/18/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date