

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2005-04-14** | Period of Report: **2005-04-07**
SEC Accession No. **0001144204-05-011458**

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ISSUER

ADVANCED MEDICAL INSTITUTE INC.

CIK: **1096620** | IRS No.: **880409144** | State of Incorporation: **NV** | Fiscal Year End: **1231**
SIC: **8090** Misc health & allied services, nec

Mailing Address

*C/O ADVANCED MEDICAL
INSTITUTE INC.
6767 W TROPICANA AVENUE
STE 207
LAS VEGAS NV 89103*

Business Address

*C/O ADVANCED MEDICAL
INSTITUTE INC.
6767 W TROPICANA AVENUE
STE 207
LAS VEGAS NV 89103
7022481027*

REPORTING OWNER

Shrestha Dilip

CIK: **1322414**
Type: **3** | Act: **34** | File No.: **000-29531** | Film No.: **05751715**

Mailing Address

*C/O ADVANCED MEDICAL
INSTITUTE, INC.
6767 W. TROPICANA
AVENUE, SUITE 207
LAS VEGAS NV 89103*

Business Address

702-248-1047

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <u>Shrestha Dilip</u> (Last) (First) (Middle) C/O ADVANCED MEDICAL INSTITUTE INC., 6767 W. TROPICANA AVENUE, SUITE 207 (Street) LAS VEGAS, NV 89103 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/07/2005	3. Issuer Name and Ticker or Trading Symbol <u>ADVANCED MEDICAL INSTITUTE INC. [AVMD.PK]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <u>Chief Financial Officer</u>	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.01 per share	0	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Signatures

/s/ Dilip Shrestha

** Signature of Reporting Person

04/07/2005

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.