

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056185

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** AMS HEALTH CARE MORTGAGE CORPORATION

**Current Principal Place of Business:**

5011 GATE PARKWAY BUILDING 100  
SUITE 320  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

5011 GATE PARKWAY BUILDING 100  
SUITE 320  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 26-2756336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SPIAK, JOSEPH A  
**Address:** 5011 GATE PARKWAY BULIDING 100, SUITE 320  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** VP  
**Name:** DAVALOS, MAURA  
**Address:** 5011 GATE PARKWAY BULIDING 100, SUITE 320  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** SVP  
**Name:** COOPER, JAMES  
**Address:** 5011 GATE PARKWAY BULIDING 100, SUITE 320  
**City-St-Zip:** JACKSONVILLE, FL 32256

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: JOSEPH A. SPIAK

P

03/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date