

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03053

Entity Name: ACCESS MEDICAL GROUP, P.A.

Current Principal Place of Business:

ACCESS MEDICAL GROUP P.A.
4554 E HWY 20
NICEVILLE, FL 32578

Current Mailing Address:

ACCESS MEDICAL GROUP P.A.
P.O. BOX 5008
NICEVILLE, FL 32578-5008 US

FEI Number: 59-2961026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEDOSKY, ALLAN LEE
4554 HWY 20 E.
NICEVILLE, FL 32578-5008 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 PRES
Name FEDOSKY, ALLAN LEE
Address 4554 HWY 20 E.
City-State-Zip: NICEVILLE FL 32578

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: ALLAN L FEDOSKY

MD

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date