

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056185

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

**Current Principal Place of Business:**

5011 GATE PARKWAY BUILDING 100  
SUITE 320  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5011 GATE PARKWAY BUILDING 100  
SUITE 320  
JACKSONVILLE, FL 32256

**FEI Number:** 26-2756336

**Certificate of Status Desired:** Yes

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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	P	Title	VP
Name	SPIAK, JOSEPH A	Name	DAVALOS, MAURA
Address	5011 GATE PARKWAY BULIDING 100, SUITE 320	Address	5011 GATE PARKWAY BULIDING 100, SUITE 320
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	SVP	Title	SENIOR VICE PRESIDENT
Name	COOPER, JAMES	Name	MCLAREN, LORRAINE
Address	5011 GATE PARKWAY BULIDING 100, SUITE 320	Address	480 RIDGEWOOD AVENUE
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	GLEN RIDGE NJ 07028

*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 PRESIDENT 03/19/2013  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date