

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079175

Entity Name: ACCESS MEDICAL GROUP OF HIALEAH, INC.**Current Principal Place of Business:**7700 FORSYTH BLVD
ST. LOUIS , MO 63105**Current Mailing Address:**7700 FORSYTH BLVD
ST. LOUIS , MO 63105 US**FEI Number:** 45-3192283**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 BENSON, HOLLY
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name IZQUIERDO, LUIS H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name WILLIAMSON, KEITH H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title CEO, PRESIDENT
Name IZQUIERDO, LUIS H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name BAIOCCHI, SARAH
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT OF TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER
Name ISAAK, CHRIS
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY
Name WILLIAMSON, KEITH H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VICE PRESIDENT OF TAX 04/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date