

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079218

**Entity Name:** ACCESS MEDICAL GROUP OF FLORIDA CITY, INC.

**Current Principal Place of Business:**

6100 BLUE LAGOON DR.  
STE. 365  
MIAMI, FL 33126

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**0337128837CC**

**Current Mailing Address:**

7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105 US

**FEI Number: 45-3192366**

**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 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, CHRISTOPHER  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title D  
Name CHERVITZ, CHUCK  
Address 7700 FORSYTH BLVD.  
SUITE 365  
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR  
Name COFFEY, CHRIS  
Address 1301 INTERNATIONAL PKWY  
City-State-Zip: SUNRISE FL 33323

Title PCEOD  
Name SAMA, MICHAEL A  
Address 6100 BLUE LAGOON DR,  
SUITE 365  
City-State-Zip: MIAMI FL 33126

Title DS  
Name KOSTER, CHRISTOPHER A  
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**

**VP, TAX**

**04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date