

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000048565

Entity Name: ACCESS MEDICAL GROUP OF TAMPA, INC.**Current Principal Place of Business:**6100 BLUE LAGOON DR
STE. 365
MIAMI, FL 33126**Current Mailing Address:**7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US**FEI Number: 82-1737078****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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.
City-State-Zip: ST. LOUIS MO 63105

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

Title PRESIDENT, CEO, DIRECTOR
Name SAMA, MICHAEL A
Address 6100 BLUE LAGOON DRIVE #365
City-State-Zip: MIAMI FL 33126

Title SECRETARY, DIRECTOR
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****04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date