## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000028921

# Entity Name: AMERICAN DISABILITY MANAGEMENT CORP.

## **Current Principal Place of Business:**

5555 COLLINS AVENUE, # 10L MIAMI BEACH. FL 33140

# **Current Mailing Address:**

5555 COLLINS AVENUE, #10L MIAMI BEACH. FL 33140 US

# FEI Number: 82-5042551

# Name and Address of Current Registered Agent:

BERMAN, DONNA D 5555 COLLINS AVENUE, #10L MIAMI BEACH, FL 33140 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

# **Officer/Director Detail :**

Title	P/D	Title	DVST
Name	BERMAN, ARNOLD T M.D.	Name	BERMAN, DONNA D
Address	5555 COLLINS AVENUE, #10L	Address	5555 COLLINS AVENUE, # 10L
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

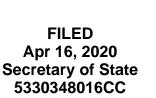
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA BERMAN

VICE PRESIDENT

04/16/2020 Date

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: Yes