

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000056285

**Entity Name:** AMERICA'S MEDICARE SPECIALISTS, INC.

**FILED  
Apr 22, 2021  
Secretary of State  
4289285762CC**

**Current Principal Place of Business:**

1 SW OSCEOLA STREET  
SUITE 1A  
STUART, FL 34994

**Current Mailing Address:**

POST OFFICE BOX 2835  
STUART, FL 34995--2835 US

**FEI Number: 83-1023513**

**Certificate of Status Desired: No**

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

RICHMOND, BARNEY A  
1 SW OSCEOLA STREET  
SUITE 1A  
STUART, FL 34994 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 C  
Name RICHMOND, BARNEY A  
Address POST OFFICE BOX 2835  
City-State-Zip: STUART FL 34995--2835

Title P, S  
Name CHERRIX, SHERRY L  
Address POST OFFICE BOX 2835  
City-State-Zip: STUART FL 34995--2835

Title VP  
Name ENZSOL, ZSOLT  
Address POST OFFICE BOX 2835  
City-State-Zip: STUART FL 34995--2835

*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: BARNEY RICHMOND**

**CHAIRMAN**

**04/22/2021**

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

\_\_\_\_\_  
Date