

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P19000060001

**Entity Name:** AVMED ADMINISTRATORS INC.**Current Principal Place of Business:**9400 S DADELAND BLVD  
MIAMI, FL 33156**Current Mailing Address:**9400 S DADELAND BLVD  
MIAMI, FL 33156**FEI Number:** 84-2931956**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZIEGLER, STEVEN M  
4300 NW 89TH BLVD  
GAINESVILLE, FL 32606 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 DOERR, BEN I JR  
Address 1411 NW 46TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR, CHAIRMAN  
Name HOOD, GLENDA E  
Address 1210 LANCASTER DRIVE  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name MOONEY, PAMELA J  
Address 555 5TH AVENUE, NE  
PH1  
City-State-Zip: ST. PETERSBURG FL 33701

Title CEO  
Name SCHREIBER, LAWRENCE G  
Address 4300 NW 89TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name FERNANDEZ, KATHERINE L  
Address 17720 GULF BOULEVARD  
202  
City-State-Zip: REDINGTON SHORES FL 33708

Title DIRECTOR  
Name LEE, JAMES D  
Address 229 S. SLEIGHT STREET  
City-State-Zip: NAPERVILLE IL 60540

Title DIRECTOR, VC  
Name SASSER, JACKSON N PHD  
Address 1096 SW 131ST STREET  
City-State-Zip: NEWBERRY FL 32669

Title ASSISTANT SECRETARY  
Name ZIEGLER, STEVEN M  
Address 4300 NW 89TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

**Continues on page 2**

*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: STEVEN M. ZIEGLER****ASSISTANT SECRETARY 04/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            REPP, JAMES M  
Address        9400 SOUTH DADELAND BLVD.  
City-State-Zip: MIAMI FL 33156

Title            DIRECTOR  
Name            HAILE, GREGORY A  
Address        2756 NE 30TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            DIRECTOR  
Name            BARRETO, RITA M  
Address        180 E TALL OAKS CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            MADDRON, KEVIN R  
Address        4500 DARTFORD CT  
City-State-Zip: ORLANDO FL 32826