

2022 FLORIDA PROFIT CORPORATION 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 D
Name FERNANDEZ, KATHERINE L
Address 17720 GULF BOULEVARD
202
City-State-Zip: REDINGTON SHORES FL 33708

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 DIRECTOR, TREASURER
Name EPLING, ROBERT L
Address 7557 SE LAQUE CIRCLE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name FLETCHER, GEORGE E
Address 1223 NW 114TH DRIVE
City-State-Zip: GAINESVILLE FL 32606

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

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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 01/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSISTANT TREASURER
Name STUART, RANDALL L
Address 4300 NW 89TH BLVD.
City-State-Zip: GAINESVILLE FL 32606

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

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