

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090006

**FILED**  
**Mar 16, 2015**  
**Secretary of State**  
**CC4344642944**

**Entity Name:** AMI INC OF WINTER HAVEN

**Current Principal Place of Business:**

10629 BOCA POINTE DR  
ORLANDO, FL 32836

**Current Mailing Address:**

10629 BOCA POINTE DR  
ORLANDO, FL 32836

**FEI Number:** 59-3477257

**Certificate of Status Desired:** No

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

MEHTA, ILLA J  
10629 BOCA POINTE DR  
ORLANDO, FL 32836 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 PD  
Name MEHTA, ILLA  
Address 10629 BOCA POINTE DR  
City-State-Zip: ORLANDO FL 32836

Title VD  
Name MEHTA, JJTENDRA  
Address 10629 BOCA POINTE DR  
City-State-Zip: ORLANDO FL 32836

*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:** ILLA MEHTA

**PRESIDENT**

**03/16/2015**

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

\_\_\_\_\_  
Date