### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001901

Entity Name: AMALGAMATED MEDICAL CARE MANAGEMENT, INC.

**FILED** Apr 23, 2024 **Secretary of State** 9728596468CC

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

1 NORTHEASTERN BLVD.

SUITE 100

SALEM, NH 03079

# **Current Mailing Address:**

1 NORTHEASTERN BLVD.

SUITE 100

SALEM, NH 03079 US

FEI Number: 13-3860528 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Address

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

**SECRETARY** Title Title **DIRECTOR** 

**BURSTON, TERRY** Name Name LARGOZA, DEBORAH ALLWES

Address 1 NORTHEASTERN BLVD. Address 1 NORTHEASTERN BLVD.

> SUITE 100 SUITE 100

SALEM NH 03079 SALEM NH 03079 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name MALLEN, PAUL Name SLOANE, HARVEY 333 WESTCHESTER AVENUE 3631 39TH ST. NW Address Address

WASHINGTON DC 20016 City-State-Zip: City-State-Zip: WHITE PLAINS NY 10604

Title **PRESIDENT** Title **DIRECTOR** 

LARGOZA, DEBORAH ALLWES Name THORNTON, JOHN Name

1 NORTHEASTERN BLVD. Address Address 333 WESTCHESTER AVENUE

SUITE 100 WHITE PLAINS NY 10604

City-State-Zip: City-State-Zip: SALEM NH 03079

**EXECUTIVE VICE PRESIDENT** Title Title **TREASURER** 

Name SARTOR, VICTORIA Name SARTOR, VICTORIA

333 WESTCHESTER AVENUE 333 WESTCHESTER AVENUE Address

City-State-Zip: WHITE PLAINS NY 10604 City-State-Zip: WHITE PLAINS NY 10604

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.

04/23/2024 SIGNATURE: TERRY BURSTON SECRETARY