

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007819

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN MEDICAL MISSIONARIES, INC.

**Current Principal Place of Business:**

70 W HURON AVE  
304  
CHICAGO, IL 60654 US

**New Principal Place of Business:**

**Current Mailing Address:**

70 W HURON AVENUE  
304  
CHICAGO, IL 60654 US

**New Mailing Address:**

**FEI Number:** 90-0591895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUART, BRIAN  
822 GALIANO WAY #9  
MIAMI, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: DENISAR, SCOTT E DPM  
Address: 1404 EAST 9TH STREET  
City-St-Zip: EDMOND, OK 73034 US

Title: VP  
Name: STUART, BRIAN T II  
Address: 70 W HURON AVE 304  
City-St-Zip: CHICAGO, IL 60654 US

Title: MS  
Name: RAMIREZ-STUART, MARIELA  
Address: 70 W HURON AVE 304  
City-St-Zip: CHICAGO, IL 60654 US

Title: DR  
Name: SMITH, RAYMOND L DPM  
Address: 1404 EAST 9TH STREET  
City-St-Zip: EDMOND, OK 73034

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN STUART

VP

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date