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P1 of 2

NONPROFIT CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -8 AM 8:35

DOCUMENT # N34192 (7)

1. Corporation Name

ASSOCIATED MEDICARE PATIENTS, INC.



000001772762
-04/08/96--01089--017
*****70.00 *****70.00

Principal Place of Business Mailing Address

530 NOKOMIS S YORK BUILDING
STE 2
VENICE FL 34285
US

SCHWENKER, HERBERT
1309 PINEBROOK WAY CT.
VENICE FL 34292

Joyce E. Wachten
646 Foxwood Blvd.
Englewood, FL 34223

3. Date Incorporated or Qualified 09/13/1989 3a. Date of Last Report 05/10/1995

4. FEI Number 59-3018360 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SCHWENKER, HERBERT
1309 PINEBROOK WAY CT.
VENICE FL 34292

Joyce E. Wachten
646 Foxwood Blvd.
Englewood, FL 34223

10. Name and Address of New Registered Agent

81 Name Joyce E. Wachten

82 Street Address (P.O. Box Number is Not Acceptable) 646 Foxwood Blvd.

83 City Englewood FL 85 Zip Code 34223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joyce E. Wachten Joy E. Wachten March 7, 1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DS	GULICK, HELEN	90 CAMELIA	VENICE FL	<input checked="" type="checkbox"/>
D	SCHMIDT, WILLIAM J.	345 PINE TREE RD	VENICE FL	<input checked="" type="checkbox"/>
DP	SCHWENKER, HERBERT	1309 PINE BROOK WAY CT.	VENICE FL	<input checked="" type="checkbox"/>
D	SATTERLEE, RICHARD	1 SAVONA AVE	ENGLEWOOD FL	<input checked="" type="checkbox"/>
DVP	WACHTER, JOYCE E	646 FOXWOOD BLVD.	ENGLEWOOD FL	<input checked="" type="checkbox"/>
D	COOPERSMITH, ARLINE	1567 WATERFORD DR	VENICE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DVP	Beverly Genny	4340 Alligator Drive, Venice	34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	Joyce E. Wachten	646 Foxwood Blvd., Englewood FL	34223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Herbert Schwenker	1309 Pine Brook Way Ct.	Venice, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Richard Satterlee	1 Savona Ave., Englewood, FL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	Janet Steinman	15 Southwind Drive	Englewood, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Arline Coopersmith	1567 Waterside Drive	Venice, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce E. Wachten March 7, 1996 (941) 474-2179

CR2E037 (12/95)



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Associated Medicare Patients₁

Addendum to Associated Medicare Patients, Inc. Annual Report 1996
Document N. 34192 (7) Article 13

^D
Di Dominico, Peter
404 Cloven Road
Venice, Florida