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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34192** (7)

1. Corporation Name

ASSOCIATED MEDICARE PATIENTS, INC.

Principal Place of Business

Mailing Address

**530 S NOKOMIS, YORK BUILDING #2
VENICE FL 34285
US**

**% JOYCE E. WACHTER
530 S. NOKOMIS, YORK BUILDING. #2
VENICE FL 34285**



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
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified

09/13/1989

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WACHTER, JOYCE E
646 FOXWOOD BLVD
ENGLEWOOD FL 34223**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Joyce E. Wachter
Signature, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 24, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	SD
NAME	GERRY, BEVERLY	1.2 NAME	Anne F. Ballagh
STREET ADDRESS	4340 ALLIGATOR DRIVE	1.3 STREET ADDRESS	3195 Siesta Drive, Venice, FL. 34293
CITY-ST-ZIP	VENICE FL 34285	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	WACHTER, JOYCE E	2.2 NAME	
STREET ADDRESS	646 FOXWOOD BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHWENKER, HERBERT	3.2 NAME	
STREET ADDRESS	1309 PINE BROOK WAY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SATTERLEE, RICHARD	4.2 NAME	
STREET ADDRESS	1 SAVONA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	STEINMAN, JANET	5.2 NAME	
STREET ADDRESS	15 SOUTHWIND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COOPERSMITH, ARLINE	6.2 NAME	
STREET ADDRESS	1567 WATERFORD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Signature of Joyce E. Wachter*

CR2E037 (10/97)