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May 17, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34192

1. Corporation Name

ASSOCIATED MEDICARE PATIENTS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

WACHTER, JOYCE E  
646 FOXWOOD BLVD  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | BALLAGH, ANNE F         |                                            |
| STREET ADDRESS | 3195 SIESTA DR          |                                            |
| CITY-ST-ZIP    | VENICE FL 34293         |                                            |
| TITLE          | PD                      | <input type="checkbox"/> DELETE            |
| NAME           | WACHTER, JOYCE E        |                                            |
| STREET ADDRESS | 646 FOXWOOD BLVD        |                                            |
| CITY-ST-ZIP    | ENGLEWOOD FL 34223      |                                            |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | SCHWENKER, HERBERT      |                                            |
| STREET ADDRESS | 1309 PINE BROOK WAY CT. |                                            |
| CITY-ST-ZIP    | VENICE FL               |                                            |
| TITLE          | TD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | STEINMAN, JANET         |                                            |
| STREET ADDRESS | 15 SOUTHWIND DRIVE      |                                            |
| CITY-ST-ZIP    | ENGLEWOOD FL            |                                            |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | COOPERSMITH, ARLINE     |                                            |
| STREET ADDRESS | 1567 WATERFORD DR       |                                            |
| CITY-ST-ZIP    | VENICE FL               |                                            |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |                                                                              |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Beverly Gerry        |                                                                              |
| 1.3 STREET ADDRESS | 4340 Alligator Drive |                                                                              |
| 1.4 CITY-ST-ZIP    | Venice, FL 34285     |                                                                              |
| 2.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                      |                                                                              |
| 2.3 STREET ADDRESS |                      |                                                                              |
| 2.4 CITY-ST-ZIP    |                      |                                                                              |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |                                                                              |
| 3.3 STREET ADDRESS |                      |                                                                              |
| 3.4 CITY-ST-ZIP    |                      |                                                                              |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |                                                                              |
| 4.3 STREET ADDRESS |                      |                                                                              |
| 4.4 CITY-ST-ZIP    |                      |                                                                              |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                      |                                                                              |
| 5.3 STREET ADDRESS |                      |                                                                              |
| 5.4 CITY-ST-ZIP    |                      |                                                                              |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |                                                                              |
| 6.3 STREET ADDRESS |                      |                                                                              |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/19/99 (941)484-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # & FAX

CR2E037 (11/98)