

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

007413

DOCUMENT # N34192

1. Entity Name

ASSOCIATED MEDICARE PATIENTS, INC.

02-28-2002 90067 039 *****70.00

Principal Place of Business

Mailing Address

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

**C/O ASSOC MEDICATE PATIENTS INC
 530 S. NOKOMIS, YORK BUILDING. #2
 VENICE FL 34285**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3018360

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERRY, BEVELY
 4340 ALLIGATOR DR
 VENICE FL 34285**

Name

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

City

FL

Zip Code

8. 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

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **BALLAGH, ANNE F**
 STREET ADDRESS **3195 SIESTA DR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **ISVPD** ☐ Change ☐ Addition
 NAME **BOROPSKY, MARION L.**
 STREET ADDRESS **923 XANADOU DR.**
 CITY-ST-ZIP **VENICE, FL 34292** **(SHOULD BE IN #10.)**

TITLE **D** ☐ Delete
 NAME **JUSTICE, ANITA**
 STREET ADDRESS **3650 STERLING ROAD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
 NAME **KEENEY, JERRY F.**
 STREET ADDRESS **385 CABANA RD**
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☐ Delete
 NAME **SCHWENKER, HERBERT**
 STREET ADDRESS **1309 PINE BROOK WAY CT.**
 CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **WELSON, LEN B.**
 STREET ADDRESS **484 DOVER DR. So.**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223-1957**

TITLE **D** ☒ Delete
 NAME **COOPERSMITH, ARLINE**
 STREET ADDRESS **1567 WATERFORD DR**
 CITY-ST-ZIP **VENICE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GERRY, BEVERLY**
 STREET ADDRESS **4340 ALLIGATOR DR**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **HINTZ, SHARRON**
 STREET ADDRESS **2192 CALUSA LAKES BLVD**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 941-484-3768

Date

Daytime Phone #

CR2E037 (9/01)