

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90032 012 \*\*\*\*61.25

**DOCUMENT # N34192**

1. Entity Name

**ASSOCIATED MEDICARE PATIENTS, INC.**



Principal Place of Business

**530 S NOKOMIS, YORK BUILDING #15  
VENICE FL 34285  
US**

Mailing Address

**C/O ASSOC MEDICATE PATIENTS INC  
530 S. NOKOMIS, YORK BUILDING, #15  
VENICE FL 34285**

**20011989**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida 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 T ☐ Change ☒ Addition  
NAME Shirley W. STACEY  
STREET ADDRESS 324 Park Blvd. S.  
CITY-ST-ZIP Venice, FL 34285

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

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

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

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

TITLE 1VPD ☐ Delete  
NAME BOROFKY, MARION C  
STREET ADDRESS 923 KANADU W  
CITY-ST-ZIP VENICE FL 34292

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

TITLE PD ☐ 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 ☒ 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)(i), 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:

*Beverly Gerry* **BEVERLY GERRY** 2-9-05 941-484-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #