


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90199 008 \*\*\*\*70.00

<b>DOCUMENT # N34192</b> 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 MEDICARE PATIENTS INC 530 S. NOKOMIS, YORK BUILDING, #15 VENICE, FL 34285		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		40063300   04182006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3018360	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GERRY, BEVELY 4340 ALLIGATOR DR VENICE, FL 34285				7. Name and Address of New Registered Agent  Name: <u>Gerry, Beverly</u> Street Address (P.O. Box Number is Not Acceptable): <u>4340 Alligator Dr.</u> City: <u>Venice</u> FL Zip Code: <u>34293</u>	
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: <u>Beverly Gerry, President</u> <span style="float: right;">4/20/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	SD BALLAGH, ANNE F 3195 SIESTA DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPD Collins, milly 1540 Waterford Dr. Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, ANITA 3850 STERLING ROAD VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Justice, Anita 530 Pendleton Dr. Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWENKER, HERBERT 1309 PINE BROOK WAY CT. VENICE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keeney, Jerry 385 Cabana Rd. Venice, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPD BOROFSKY, MARION C 923 KANADU W VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Borofsky, marion C, 923 Xanadu W, Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERRY, BEVERLY 4340 ALLIGATOR DR VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gerry, Beverly 4340 Alligator Dr. Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STACEY, SHIRLEY W 324 PARK BLVD S. VENICE, FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Borofsky, martin 923 Xanadu, W, Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Shirley W. Stacey</u> <span style="float: right;">4/20/06</span> <span style="float: right;">941-488-0813</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					