

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90071 018 ****61.25

DOCUMENT # N34192

1. Entity Name
ASSOCIATED MEDICARE PATIENTS, INC.



Principal Place of Business
**540 THE RIALTO, ROOM 4061-2
VENICE, FL 34285 US**

Mailing Address
**540 THE RIALTO, ROOM 4061-2
VENICE, FL 34285 US**

40107433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3018360

Applied For
Not Applicable

Zip

Country

Zip

Country

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
540 THE RIALTO, ROOM 4061-2
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.

NO CHANGE

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **D** ☐ Delete
NAME **GERRY, BEVERLY**
STREET ADDRESS **4340 ALLIGATOR AVENUE**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **D** ☐ Delete
NAME **STACEY, SHIRLEY W**
STREET ADDRESS **324 PARK BLVD SOUTH**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **D** ☐ Delete
NAME **BOROFKY, MARTIN**
STREET ADDRESS **923 XANADU WEST**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

N34192

Business Entity Name

ASSOCIATED MEDICARE PATIENTS, INC.

FEI Number

59301836C

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 540 The Rialto
Suite, Apt. #, etc. 1451
City, State VENICE, FL
Zip Code & Country 34285 US

Mailing Address

Address 540 THE RIALTO, ROOM 1451
Suite, Apt. #, etc.
City, State VENICE, FL
Zip Code & Country 34285 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) GERRY BEVERLY

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 540 THE RIALTO, ROOM 1451
Suite, Apt. #, etc.
City, State VENICE, FL
Zip Code & Country 34285 US

If there is a change in registered agent, the new agent will need to type their name
in the 'Registered Agent Signature' block below to accept the designation of

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature*Beverly Gerry*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

D

Name (Last, First, Middle, Title)

GERRY

BEVERLY

- OR -Entity Name to serve as
Officer/Director

Street Address

4340 ALLIGATOR AVENUE

City, State

VENICE

FL

Zip Code & Country

34292

US

Title

D

Name (Last, First, Middle, Title)

STACEY

SHIRLEY

W

- OR -Entity Name to serve as
Officer/Director

Street Address

324 PARK BLVD SOUTH

City, State

VENICE

FL

Zip Code & Country

34285

Title

D

Name (Last, First, Middle, Title)

BOROFSKY

MARTIN

- OR -Entity Name to serve as
Officer/Director

Street Address

923 XANADU WEST

City, State

VENICE

FL

Zip Code & Country

34292



ATTACHMENT

40107433

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2007

ASSOCIATED MEDICARE PATIENTS, INC.
540 THE RIALTO, ROOM 4061-2
VENICE, FL 34285 US

SUBJECT: ASSOCIATED MEDICARE PATIENTS, INC.
Ref. Number: N34192

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 507A00026562

*Hopefully all is completed -
nothing was highlighted so I am
Refiled 5/2/07 #4
not sure what you needed
I did sign & added Flo Dept of State
to the check - Thank you*