

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005057

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** A.M.I. OF ESCAMBIA COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

801 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

801 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number:** 59-3700402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHIBBS, VINCENT J JR.  
421 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: SWANSON, KARLA K  
Address: 7060 PINE FOREST RD.  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: SWANSON, CARL D JR  
Address: 7060 PINE FOREST RD  
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARLA K.SWANSON

PRES

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date