

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90025 002 \*\*\*150.00

**DOCUMENT # P03000059702**

1. Entity Name

AMS OF GAINESVILLE, INC.



Principal Place of Business

6110 NW 1ST PLACE  
SUITE A  
GAINESVILLE FL 32607

Mailing Address

6110 NW 1ST PLACE  
SUITE A  
GAINESVILLE FL 32607

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

65-1197968

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

CARPENTER, RONALD A  
5608 NW 43RD STREET  
GAINESVILLE FL 32653

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 \$150.00**

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SHEY, STEPHEN  
STREET ADDRESS 6110 NW 1ST PLACE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE SD ☒ Delete  
NAME SHEY, BRIAN  
STREET ADDRESS 6110 NW 1ST PLACE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 11

TITLE PD ☒ Change ☐ Addition  
NAME SHEY, LAURA  
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE V/P/T/A ☒ Change ☐ Addition  
NAME SHEY, BRIAN  
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE SD ☐ Change ☒ Addition  
NAME SHEY, KARA  
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A  
CITY-ST-ZIP GAINESVILLE, FL 32607

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

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 607, 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 #

*Laura Shey President* 2-6-04 (352) 331-1668