

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90047 018 ***150.00

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1. Entity Name
AMS OF GAINESVILLE, INC



Principal Place of Business
**6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607**

Mailing Address
**C/O SHEY ASSOC. INC.
6110 NW 1ST PL SUITE A
GAINESVILLE, FL 32607**

40011855



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FID 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

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

**DO NOT WRITE
IN THIS SPACE**

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 agents.

SIGNATURE _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contributor ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PTD
NAME
SHEY, LAURA
STREET ADDRESS
6110 NW 1ST PLACE
CITY-STATE-ZIP
GAINESVILLE, FL 32607

TITLE
VSD
NAME
SHEY, KARA
STREET ADDRESS
6110 NW 1ST PLACE
CITY-STATE-ZIP
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: **LAURA SHEY, PRESIDENT** *[Signature]* **President 2-5-07 (352) 331-1668**

Laura, pres.