

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-03-2005 90027 032 ***150.00

DOCUMENT # P04000133779 1. Entity Name AMS OF NAPLES, INC.																																																																																																					
Principal Place of Business 6060 GOLDEN GATE PKWY NAPLES, FL 34116 US			Mailing Address 6060 GOLDEN GATE PKWY NAPLES, FL 34116 US																																																																																																		
2. Principal Place of Business <i>Images of Park Shore</i> Suite, Apt. #, etc.		3. Mailing Address <i>Images of Park Shore</i> Suite, Apt. #, etc.																																																																																																			
City & State <i>Naples Fla</i>		City & State		4. FEI Number 20-1663142																																																																																																	
Zip <i>34103</i> Country <i>Collier</i>		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent LAURA OLSZEWSKI & ASSOCIATES PA. 5401-TAYLOR RD SUITE 3 NAPLES, FL 34109 <i>Suzanne Robbins</i> 5282 Cypress LN Naples, Fla 34113				7. Name and Address of New Registered Agent Name Suzanne E. Robbins P.A. Street Address (P.O. Box Number is Not Acceptable) 5282 Cypress LN City Naples FL Zip Code 34113																																																																																																	
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 obligation of registered agent. SIGNATURE: <i>Suzanne E. Robbins PA</i> 3-15-05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SEARS, ALLISON M</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6060 GOLDEN GATE PKWY NAPLES, FL 34116</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP/T</td> <td>☒ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ANDERSON, VICTORIA B</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2505 OUTRIGGER LANE NAPLES, FL 34116</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><i>has formed corp.</i></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>her know</i></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	SEARS, ALLISON M		STREET ADDRESS			CITY-ST-ZIP	6060 GOLDEN GATE PKWY NAPLES, FL 34116		CITY-ST-ZIP			TITLE	VP/T	☒ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS	ANDERSON, VICTORIA B		STREET ADDRESS			CITY-ST-ZIP	2505 OUTRIGGER LANE NAPLES, FL 34116		CITY-ST-ZIP			TITLE	<i>has formed corp.</i>	☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS	<i>her know</i>		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Allison M. Sears</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																					

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