2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P08000056185

Entity Name: AMS HEALTH CARE MORTGAGE CORPORATION

Current Principal Place of Business:

10752 DEERWOOD PARK BLVD.S
WATERVIEW II, SUITE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

5011 GATE PARKWAY BUILDING 100
SUITE 320
JACKSONVILLE, FL 32256

Current Mailing Address:

10752 DEERWOOD PARK BLVD.S
WATERVIEW II, SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

5011 GATE PARKWAY BUILDING 100
SUITE 320
JACKSONVILLE, FL 32256

FEI Number: 26-2756336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: P
Name: SPIAK, JOSEPH A
Address: 5011 GATE PARKWAY BULIDING 100, SUITE 320
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: DAVALOS, MAURA
Address: 5011 GATE PARKWAY BULIDING 100, SUITE 320
City-St-Zip: JACKSONVILLE, FL 32256

Title: SVP
Name: COOPER, JAMES
Address: 5011 GATE PARKWAY BULIDING 100, SUITE 320
City-St-Zip: JACKSONVILLE, FL 32256

Title: SVP
Name: SEFTON, JOHN
Address: 5011 GATE PARKWAY BULIDING 100, SUITE 320
City-St-Zip: JACKSONVILLE, FL 32256

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: JOSEPH A. SPIAK P 02/28/2011

Electronic Signature of Signing Officer or Director — Date