

FILED
May 24, 2000 8:00 am
Secretary of State

DOCUMENT # P98000081564

AMERICAN MEDICAL ACCESS, INC.

9200 SOUTH DADELAND BLVD.
SUITE 214
MIAMI FL 33186-5327

13255 S.W. 137th Ave.

Suite, Apt. #, etc.
Suite 201

City & State
Miami, FL

Country
Miami-Dade

Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

City Miami

FL | Zip Code **33186**

SIGNATURE [Signature] DATE 04-23-00

DATE _____

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Nemazie, A.S.		
STREET ADDRESS	13255 S.W. 137th Ave., Suite 201		
CITY-ST-ZIP	Miami, FL 33186		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 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

04-25-00

Date _____

Daytime Phone #