2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000081564** AMERICAN MEDICAL ACCESS, INC. 05-24-2000 90090 019 ***150.00 Principal Place of Business Mailing Address 9200 SOUTH DADELAND BLVD 9200 SOUTH DADELAND BLVD. SHITE 214 SUITE 214 MIAMI FL 33156 MIAMI FL 33186-5327 2. Principal Place of Business 13255 S.W. 137th Ave. 3. Mailing Address 137th Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 201 Suite Apt # etc. Suite 201 Applied For City & State Miami, F1 City & State Miami, F1 4. FEI Number 65-0865836 Not Applicable Country Miami-Dade Zip 33186 Country ^{Zip} 33186 \$8.75 Additional 5. Certificate of Status Desired Miami-Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nemazie, A. S. NEMAZIE, A S Street Address (P.O. Box Number is Not Acceptable) 13255 S.W. 13/th Ave. 9200 SOUTH DADELAND BLVD. **SUITE 214** Suite 201 MIAMI FL 33156 City zig S186 Miami 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. 04-25-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition D □ Delete TITLE NEMAZIE, A S NAME NAME Nemazie, A.S. STREET ADDRESS 9200 SOUTH DADELAND BLVD. STREET ADDRESS 13255 S.W. 137th Ave., Suite 201 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Miami..F1 33186 ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #