

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081564

1. Entity Name
AMERICAN MEDICAL ACCESS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90088 004 ***150.00

Principal Place of Business

13255 SW 137TH AVE
SUITE 201
MIAMI FL 33186

Mailing Address

13255 SW 137TH AVE
SUITE 201
MIAMI FL 33186

2. Principal Place of Business

4305 PERTH COURT

Suite, Apt. #, etc.

3. Mailing Address

4305 PERTH COURT

Suite, Apt. #, etc.

City & State

N. FORT MYERS, FL

City & State

N. FORT MYERS, FL

4. FEI Number

65-0865836

Applied For

Not Applicable

Zip

33903

Country

Zip

33903

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEMAZIE, A S
13255 SW 137TH AVE
SUITE 201
MIAMI-FL 33186

Name

NEMAZIE, A. STEPHEN

Street Address (P.O. Box Number is Not Acceptable)

4305 PERTH COURT

City

N. FORT MYERS

FL

Zip Code

33903

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.

SIGNATURE **A. STEPHEN NEMAZIE, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/12/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NEMAZIE, A S**
STREET ADDRESS **13255 SW 137TH AVE SUITE 201**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Change ☐ Addition
NAME **NEMAZIE, A.S.**
STREET ADDRESS **4305 PERTH COURT**
CITY-ST-ZIP **N. Fort Myers, FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: **A. STEPHEN NEMAZIE, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01

Date

305 778 1220

Daytime Phone #

CR2E034 (10/00)