

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91529 034 ***150.00

DOCUMENT # P 98 0000 81564

1. Entity Name

AMERICAN MEDICAL ACCESS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3506 MARSALA CT

3. Mailing Address
3506 MARSALA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

4. FEI Number
65 - 086 5836

Applied For
Not Applicable

Zip
33950

Country

Zip
33950

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NEMAZIE, A. STEPHEN

Street Address (P.O. Box Number is Not Acceptable)
3506 MARSALA CT

City PUNTA GORDA **FL** **Zip Code** 33950

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.

A. STEPHEN NEMAZIE, Registered Agent

SIGNATURE *A. Stephen Nemasie* **04/26/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstating) DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D NAME NEMAZIE, A.S. STREET ADDRESS 3506 MARSALA CT. CITY- ST- ZIP PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **A. STEPHEN NEMAZIE, Director** *A. Stephen Nemasie* **04/26/02** **305 778 1220**