2004 FOR PROFIT CORPORATION . . . . ANNUAL REPORT

## DOCUMENT # P98000081564

1. Entity Name AMERICAN MEDICAL ACCESS, INC.



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Principal Place of Business 3506 MARSALA COURT PUNTA GORDA, FL 33950 Mailing Address 3506 MARSALA COURT PUNTA GORDA, FL 33950 FILED Feb 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THI SPICE

4. FEI Number 65-0865836

01272004

Applied For

Not Applicable

CR2E034 (10/03)

5. Certificate of Status Desired

8.75 Additional see Required

6. Name and Address of Current Registered Agent

NEMAZIE, A STEPHEN 3506 MARSALA COURT PUNTA GORDA, FL 33950 DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, ar	nd accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered			Agent signatur	ent signature required when reinstating) 3ATE		
		Election Campaign Finan     Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	U00000063462 03/01/04-80013-010 150.0	1.
10.	OFFICERS AND DIREC	CTORS				***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMAZIE, A S 3506 MARSALA CT PUNTA GORDA, FL 33956					
TITLE NAME STREET ADDRESS CRY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

A. Stephen Nemazie, Director

01/30/04

305 778 1220