

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000081564

1. Entity Name
AMERICAN MEDICAL ACCESS, INC.



Principal Place of Business

3506 MARSALA COURT
PUNTA GORDA, FL 33950

Mailing Address

3506 MARSALA COURT
PUNTA GORDA, FL 33950



02042005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0865836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEMAZIE, A STEPHEN
3506 MARSALA COURT
PUNTA GORDA, FL 33950

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE A.S. Nemaie
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/4/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEMAZIE, A S
STREET ADDRESS 3506 MARSALA CT
CITY-ST-ZIP PUNTA GORDA, FL 33950

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02/09/05-80013-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A.S. Nemaie 2/4/05 305 7781221