FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90056 014 ***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 COURT
Suite, Apt. #, etc.

3. Mailing Address
3506 MARSALA COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: PUNTA GORDA, FL
Zip: 33950 Country:

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Zip: 33950 Country:

4. FEI Number: 65 - 086 5836 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NEMAZIE, A. STEPHEN

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

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P/T/S
NAME	NEMAZIE, A.S.
STREET ADDRESS	3506 MARSALA CT.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: A. STEPHEN NEMAZIE, PRESIDENT 03/21/03 305 778 1220
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND OFFICIAL CAPACITY