2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 14, 2022
Secretary of State
2867374695CC

DOCUMENT# N16538

Entity Name: AVMED, INC.

Current Principal Place of Business:

9400 SOUTH DADELAND BLVD.
MIAMI, FL 33156

Current Mailing Address:

4300 NW 89TH BLVD
GAINESVILLE, FL 32606 US

FEI Number: 59-2742907

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M
4300 NW 89TH BLVD
GAINESVILLE, FL 32606 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	MOONEY, PAMELA J PHD
Address	555 5TH AVENUE NE, PH1
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRECTOR
Name	DOERR, BEN I JR.
Address	1411 NW 46TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR, VC
Name	SASSER, JACKSON N
Address	1096 SW 131 STREET
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR, CEO
Name	SCHREIBER, LAWRENCE G
Address	18768 NW 244TH STREET
City-State-Zip:	HIGH SPRINGS FL 32643

Title	ASST. SECRETARY
Name	ZIEGLER, STEVEN M
Address	4300 NW 89TH BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR, CHAIRMAN
Name	HOOD, GLENDA E
Address	1210 LANCASTER DRIVE
City-State-Zip:	ORLANDO FL 32806

Title	PRESIDENT
Name	REPP, JAMES M
Address	4300 NW 89TH BLVD.
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	FERNANDEZ, KATHERINE L
Address	17720 GULF BOULEVARD 202
City-State-Zip:	REDINGTON SHORES FL 33708

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN M. ZIEGLER ASSISTANT SECRETARY 06/14/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEE, JAMES D
Address	229 S. SLEIGHT STREET
City-State-Zip:	NAPERVILLE IL 60540

Title	DIRECTOR
Name	HAILE, GREGORY A
Address	2756 NE 30TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	ASST. TREASURER
Name	BOWLING, PHILIP G
Address	4300 NW 89TH BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	BARRETO, RITA M
Address	180 E TALL OAKS CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	MADDRON, KEVIN R
Address	4500 DARTFORD CT
City-State-Zip:	ORLANDO FL 32826