

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32677

Entity Name: AMERICAN MED-CARE CENTERS, P.A.

Current Principal Place of Business:

3200 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

Current Mailing Address:

3200 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

FEI Number: 59-2736902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REIMER, BRIAN
3200 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406 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 PTD
Name REIMER, BRIAN DPRES
Address 3200 FOREST HILL BLVD
City-State-Zip: WEST PALM BEACH FL 33406

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN REIMER

PRES

01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date