

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K91307

**Entity Name:** AMERICAN MEDICAL SEMINARS, INC.

**Current Principal Place of Business:**

2904 HYDE PARK ST.  
SARASOTA, FL 34239

**Current Mailing Address:**

P.O. BOX 49947  
SARASOTA, FL 34230 US

**FEI Number:** 65-0146850

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            BIELINSKI, JOHN  
Address        206 LONDONDERRY LANE  
City-State-Zip: GETZVILLE FL 14068

*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:** JOHN BIELINSKI

**OWNER**

**01/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date