

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K91307

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

**Current Principal Place of Business:**

C/O HYATT REGENCY SARASOTA  
1000 BLVD. OF THE ARTS  
SARASOTA, FL 34236

**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:**

WAGNER, E. JOHN II  
200 S. ORANGE AVE.  
SARASOTA, FL 34236 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	PCT	Title	SVPS
Name	PIERCE, D. REECE	Name	PIERCE, DAGMAR
Address	801 PENFIELD ST	Address	801 PENFIELD ST
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	LONGBOAT KEY FL 34228

*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:** GINA FELICITA MARTIN

**DIRECTOR OF  
OPERATIONS**

**04/01/2013**

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

\_\_\_\_\_  
Date