2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2015
Secretary of State
CC4792797387

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Entity Name: AMS HEALTH CARE MORTGAGE CORPORATION

Current Principal Place of Business:

5011 GATE PARKWAY BUILDING 100
SUITE 320
JACKSONVILLE, FL 32256

Current Mailing Address:

5011 GATE PARKWAY BUILDING 100
SUITE 320
JACKSONVILLE, FL 32256

FEI Number: 26-2756336

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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	P	Title	VP
Name	SPIAK, JOSEPH A	Name	DAVALOS, MAURA
Address	5011 GATE PARKWAY BULIDING 100, SUITE 320	Address	5011 GATE PARKWAY BULIDING 100, SUITE 320
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

Title	SENIOR VICE PRESIDENT
Name	MCLAREN, LORRAINE
Address	480 RIDGEWOOD AVENUE
City-State-Zip:	GLEN RIDGE NJ 07028

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: JOSEPH A SPIAK PRESIDENT 02/24/2015

Electronic Signature of Signing Officer/Director Detail — Date