

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056185

Entity Name: AMS HEALTH CARE MORTGAGE CORPORATION

Current Principal Place of Business:

10752 DEERWOOD PARK BLVD
SUITE 100
JACKSONVILLE, FL 32256

Current Mailing Address:

10752 DEERWOOD PARK BLVD
SUITE 100
JACKSONVILLE, FL 32256 US

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
Name SPIAK, JOSEPH A
Address 10752 DEERWOOD PARK BLVD
SUITE 100
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name DESKIN, ROBERT BRUCE
Address 10752 DEERWOOD PARK BLVD
SUITE 100
City-State-Zip: JACKSONVILLE FL 32256

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

01/03/2023

Electronic Signature of Signing Officer/Director Detail

Date