

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056185

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
Name SPIAK, JOSEPH A
Address 5011 GATE PARKWAY BULIDING 100,
SUITE 320
City-State-Zip: JACKSONVILLE FL 32256

Title SVP
Name COOPER, JAMES
Address 5011 GATE PARKWAY BULIDING 100,
SUITE 320
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name DAVALOS, MAURA
Address 5011 GATE PARKWAY BULIDING 100,
SUITE 320
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

03/09/2014

Electronic Signature of Signing Officer/Director Detail

Date