

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079204

Entity Name: ACCESS MEDICAL GROUP OF MIAMI, INC.**Current Principal Place of Business:**6100 BLUE LAGOON DR.
STE. 365
MIAMI, FL 33126**Current Mailing Address:**7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US**FEI Number:** 45-3191719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
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	DIRECTOR
Name	BENSON, HOLLY
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

Title	VP
Name	BAIOCCHI, SARAH
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

Title	VICE PRESIDENT OF TAX
Name	DINKELMAN, TRICIA
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

Title	TREASURER
Name	ISAAK, CHRISTOPHER
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

Title	D
Name	CHERVITZ, CHUCK
Address	7700 FORSYTH BLVD.
City-State-Zip:	ST. LOUIS MO 63105

Title	D
Name	COFFEY, CHRIS
Address	1301 INTERNATIONAL PKWY
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT, CEO, DIRECTOR
Name	SAMA, MICHAEL A
Address	6100 BLUE LAGOON DRIVE #365
City-State-Zip:	MIAMI FL 33126

Title	SD
Name	KOSTER, CHRISTOPHER
Address	7700 FORSYTH BLVD.
City-State-Zip:	ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VP, TAX

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date