2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000048591

Entity Name: ACCESS MEDICAL GROUP OF TAMPA III, INC.

Current Principal Place of Business:

7700 FORSYTH BLVD ST. LOUIS, MO 63105

Current Mailing Address:

7700 FORSYTH BLVD ST. LOUIS . MO 63105 US

FEI Number: 82-1773315 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. LOUIS MO 63105

C T 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 04, 2019

Secretary of State

7467060689CC

Officer/Director Detail:

Title	DIRECTOR	Title	DIRECTOR
Name	BENSON, HOLLY	Name	IZQUIERDO, LUIS H

Address 7700 FORSYTH BLVD Address 7700 FORSYTH BLVD

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

TitleDIRECTORTitleCEO, PRESIDENTNameWILLIAMSON, KEITH HNameIZQUIERDO, LUIS HAddress7700 FORSYTH BLVDAddress7700 FORSYTH BLVD

Title VP Title VICE PRESIDENT OF TAX

NameBAIOCCHI, SARAHNameDINKELMAN, TRICIAAddress7700 FORSYTH BLVDAddress7700 FORSYTH BLVDCity-State-Zip:ST. LOUIS MO 63105ST. LOUIS MO 63105

Title TREASURER Title SECRETARY

Name ISAAK, CHRIS Name WILLIAMSON, KEITH H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Name WILLIAMSON, KEITH H
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

VICE PRESIDENT OF TAX 04/04/2019

ST. LOUIS MO 63105

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

Date