

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000060001

Entity Name: AVMED ADMINISTRATORS INC.**Current Principal Place of Business:**6015 POPLAR HALL DRIVE, SUITE 308
NORFOLK, VA 23502**Current Mailing Address:**6015 POPLAR HALL DRIVE, SUITE 308
NORFOLK, VA 23502 US**FEI Number: 84-2931956****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ZIEGLER, STEVEN M
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 COBLE, FREDERICK "ERIC" C.
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name HALL, J. LES
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name MATHEIS, DENNIS A.
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name VICK,, CATHIE J.
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name FORT , ROBERT C.
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name HUBBARD, , MD WILKES
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name SMITH, EDD JEFFERY O.
Address 6015 POPLAR HALL DRIVE, SUITE 308
City-State-Zip: NORFOLK VA 23502

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: DENNIS A. MATHEIS**DIRECTOR****04/07/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date