

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SE JAN 26 PM 3:17

DOCUMENT # **843576** (0)

1. Corporation Name

NORTH AMERICAN HEALTH SERVICES, INC.

Principal Place of Business

901 LAKE DESTINY DRIVE #375
MAITLAND FL 32751

Mailing Address

901 LAKE DESTINY DRIVE #375
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/27/1979** 3a. Date of Last Report **02/21/1994**

4. FEI Number **62-1041820** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

Country

City & State

27

Country

Zip

25

Zip

29

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TRIMBLE, T.L.
2400 BEDFORD RD.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST-
NAME	WIESE, GALVIN
STREET ADDRESS	2400-BEDFORD RD-
CITY-ST-ZIP	ORLANDO FL----
TITLE	P
NAME	MOON, ROBERT
STREET ADDRESS	500 HOSPITAL DR
CITY-ST-ZIP	MADISON TN
TITLE	STD
NAME	TRIMBLE, TAMARA L
STREET ADDRESS	2400 BEDFORD RD
CITY-ST-ZIP	ORLANDO FL
TITLE	AS
NAME	DePrade, Ariel
STREET ADDRESS	2400 Bedford Road
CITY-ST-ZIP	Orlando, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ariel DePrade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95

407-897-5509