

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843576

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** NORTH AMERICAN HEALTH SERVICES, INC.

**Current Principal Place of Business:**

111 NORTH ORLANDO AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

111 NORTH ORLANDO AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 62-1041820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROMME, JEFF  
111 NORTH ORLANDO AVENUE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: SCHULTZ, MICHAEL  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: PVPD  
Name: SCHULTZ, MICHAEL  
Address: 111 NORTH ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: AS  
Name: PHAM, WENDY  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

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: WENDY PHAM

AS

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date