DOCUMENT # 7-99 000000420

1. Entity Name

American Specialty Health Networks, Int.

May 30, 2000 8:00 am Secretary of State

FILED

05-30-2000 90107 016 ***150.00

Mailing Address Principal Place of Business 8989 Rio San Diego Drive 8885 Rio San Diego Dr Suite 250 Suite 375 San Diego, CA 92108 San Diego, CA 92108

2. Principal P	lace of Business	3. Mailing Address	1		1				
Suited Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 33-0571188		 	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of S			8.75 Add	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Ado	dress of New Re	gistered A	gent	
	CT Corporation (N	ame -		·-· , · 				
	CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
			Ci	ty	 		FL	Zip Code	e
SIGNATURE	named entity submits this statement for		s registered of	fice or register	red agent, or both, in	the State of Flor			
0,011,110112	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Ager	nt signature required	d when reinstating)		DATE		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 20 Make Check Paya	解某事——在"我们对外中国中的代表外的实现的现在分词	be \$550.00	Trust F	n Campaign Fina und Contribution			May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHA	ANGES TO OFFI	CERS AND	DIRECTOR	3 IN 11
TITLE	Presidentvai	ن ن □ Delete	TITLE					☐ Change	Addition
NAME	George DeVri	es	NAME						
STREET ADDRESS		Diego Dr,#250	STREET ADI	l l					
CITY-ST-ZIP	Ṣan Diego, C		ŧ	ļ					1500 A 1400
TITLE	Secretary	IX Delete	TITLE NAME		retary On Wiens			☐ Change	X Addition
NAME STREET ADDRESS	George DeVri			I	85 Rio San	Diogo	Desire	C114	+0 275
CITY-ST-ZIP		Diego Dr, #25 A 92108	CITY-ST-Z	_ 000	Diego C	_		, sur	LE 3/3
TITLE	San Diego, C Treasurer	Α 92 Ιὐο ΣΣ Delete	TITLE		easurer	.A 9210		☐ Change	X Addition
NAME	David Cole	22 Delote	NAME	I	on Wiens				
STREET ADDRESS		Dr, Suite 22	STREET AD		35 Rio San	n Diego	Drive	, Sui	te375
CITY-ST-ZIP	Minnetonka.		CITY-ST-Z	1 5 41.	n Diego, C	CA 9210	18		
TITLE	Chairman '	🔀 Delete	TITLE	I	irman			☐ Change	X Addition
NAME	Dr. Thomas A		NAME	I	rge DeVri				
STREET ADDRESS		Dr, Suite 22	STREET ADD		39 Rio San			, Sui	te 250
CITY-ST-ZIP	Minnetonka,		CITY-ST-Z	Dan	Diego, C	CA 9210			GG LASS
TITLE	Director	■ Delete	TITLE	I	rector			☐ Change	⊠ Addition
NAME STREET ADDRESS	Jan DeVries	Di D "C	NAME STREET ADI		ert White		D		10 250
CITY-ST-ZIP		Diego Dr, #2	CHY-ST-Z	, U J U	89 Rio San	_		, suı	te 250
TITLE	San Diego, C	A 92108	TITLE	San	Diego, C	A 9210		☐ Change	X Addition
NAME		LI Delete	NAME	R.	ector Douglas M	ietz. DO			(EE
STREET ADDRESS			STREET AD		5 Rio San			, Sui	te 250
CITY-ST-ZIP			CITY-ST-Z	I	Diego. C	_		-]

in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if in an address with all other like empowered. 13. I hereby certify that the information indicated on this report or supply mental re of the corporation or the receiver of trustee changed, or on an attachment with an add

SIGNATURE:

George DeVries? President The sident