

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000420

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMERICAN SPECIALTY HEALTH NETWORKS, INC.

Current Principal Place of Business:

777 FRONT ST.
SAN DIEGO, CA 92101

New Principal Place of Business:

Current Mailing Address:

777 FRONT ST.
ATTN: DEBRA RODEBAUGH
SAN DIEGO, CA 92101

New Mailing Address:

777 FRONT ST.
ATTN: SHERYL BONTEMPS
SAN DIEGO, CA 92101

FEI Number: 33-0571188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DEVRIES, GEORGE T III
Address: 777 FRONT ST.
City-St-Zip: SAN DIEGO, CA 92101

Title: CMO () Delete
Name: CROCKER, MD, ROBERT L
Address: 777 FRONT ST
City-St-Zip: SAN DIEGO, CA 92101

Title: PD () Delete
Name: WHITE, ROBERT
Address: 777 FRONT ST
City-St-Zip: SAN DIEGO, CA 92101

Title: CHSO () Delete
Name: METZ, D.C., R. DOUGLAS
Address: 777 FRONT ST.
City-St-Zip: SAN DIEGO, CA 92101

Title: TRES () Delete
Name: TREBBIEN, MICHAEL R
Address: 777 FRONT STREET
City-St-Zip: SAN DIEGO, CA 92101

Title: SD () Delete
Name: JENNINGS, JULIE K
Address: 777 FRONT STREET
City-St-Zip: SAN DIEGO, CA 92101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: COMER, WILLIAM M JR
Address: 777 FRONT STREET
City-St-Zip: SAN DIEGO, CA 92101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M COMER JR

TRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date