

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2011
Secretary of State

Entity Name: AMERICAN SPECIALTY HEALTH NETWORKS, INC.

Current Principal Place of Business:

10221 WATERIDGE CIR.
SAN DIEGO, CA 92121

New Principal Place of Business:

Current Mailing Address:

10221 WATERIDGE CIR.
SAN DIEGO, CA 92121

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: DEVRIES, GEORGE T III
Address: 10221 WATERIDGE CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

Title: D
Name: KUJAWA, KEVIN E
Address: 10221 WATERIDGE CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

Title: PD
Name: WHITE, ROBERT
Address: 10221 WATERIDGE CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

Title: CHSO
Name: METZ, D.C., R. DOUGLAS
Address: 10221 WATERIDGE CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

Title: TRES
Name: COMER, WILLIAM M JR
Address: 10221 WATERIDGE CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

Title: SD
Name: JENNINGS, JULIE K
Address: 10221 WATERIDGE CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

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: WILLIAM M. COMER, JR.

TRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date