## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000420

Entity Name: AMERICAN SPECIALTY HEALTH GROUP, INC.

FILED Apr 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10221 WATERIDGE CIR. SAN DIEGO, CA 92121

Current Mailing Address: New Mailing Address:

10221 WATERIDGE CIR. SAN DIEGO, CA 92121

FEI Number: 33-0571188 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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: CWOO

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 04/09/2012