FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 11 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02271 (5)

1. Corporation Name
AMERICAN HEALTH SERVICES CORP.

Principal Place of Business	Mailing Address
4440 VON KARMAN, SUITE #320 NEWPORT BEACH CA 92660-2011	4440 VON KARMAN, SUITE #320 NEWPORT BEACH CA 92660-2011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 52-1278857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	ATKINS, E. LARRY	12 NAME	
STREET ADDRESS	4440 VON KARMAN #320	13 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CROAL, THOMAS V.	22 NAME	
STREET ADDRESS	4440 VON KARMAN #320	23 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GREEN, PHILIP D.	32 NAME	
STREET ADDRESS	2600 VIRGINIA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MACFARLAND, DEBORAH M.	42 NAME	
STREET ADDRESS	4440 VON KARMAN #320	43 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, ROBERT J.	52 NAME	
STREET ADDRESS	4440 VON KARMAN #320	53 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	EGGER, FRANK E.	62 NAME	
STREET ADDRESS	1301 DADE BOULEVARD	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____ Thomas V. Croal 1/26/95 (714) 476-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402323 FP