

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 843576

**Entity Name:** NORTH AMERICAN HEALTH SERVICES, INC.

**Current Principal Place of Business:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 62-1041820

**Certificate of Status Desired:** No

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

BROMME, JEFF  
900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 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

**Officer/Director Detail :**

Title AS  
Name PHAM, UYEN  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT, DIRECTOR  
Name BANKS, DAVID  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY, TREASURER, DIRECTOR  
Name ROY, ROB  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name GRIFFIN, MICHAEL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name SOLER, EDDIE  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name MANDELL, ROBERT  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name MCKINNON, GENEAN  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY  
Name ADDISCOTT, LYNN C  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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*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:** LYNN ADDISCOTT

**ASSISTANT SECRETARY 04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           ASSITANT SECRETARY  
Name           BRADY, AMANDA L  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           ASSITAMT SECRETARY  
Name           HUFFMAN, DAVID L  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           VP  
Name           JOHNSON, PENNY  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714