

2023 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 ASST. SECRETARY
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, ASST. SECRETARY
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 CHAIRMAN, DIRECTOR, ASSISTANT
SECRETARY
Name BRADY, AMANDA L
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

Title DIRECTOR
Name RANDOLPH, KARSTEN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32751

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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: TONI BERRIOS

ASSISTANT SECRETARY 01/19/2023

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name BERRIOS, TONI
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714