

**2019 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 VP, DIRECTOR  
Name JOHNSON, PENNY  
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

*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: ROB ROY**

**SECRETARY**

**04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date