

**2013 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            ST  
Name            SCHULTZ, MICHAEL  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title            AS  
Name            PHAM, UYEN  
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:** SCHULTZ , MICHAEL

**PRESIDENT**

**03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date