

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000420

Entity Name: AMERICAN SPECIALTY HEALTH GROUP, INC.**Current Principal Place of Business:**12800 N MERIDIAN STREET
CARMEL, IN 46032**Current Mailing Address:**10221 WATERIDGE CIR.
SAN DIEGO, CA 92121**FEI Number: 33-0571188****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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	CEO
Name	DEVRIES, GEORGE TIII
Address	12800 N MERIDIAN STREET
City-State-Zip:	CARMEL IN 46032

Title	D
Name	KUJAWA, KEVIN E
Address	12800 N MERIDIAN STREET
City-State-Zip:	CARMEL IN 46032

Title	PD
Name	WHITE, ROBERT
Address	10221 WATERIDGE CIRCLE
City-State-Zip:	SAN DIEGO CA 92121

Title	CHSO
Name	METZ, D.C., R. DOUGLAS
Address	12800 N MERIDIAN STREET
City-State-Zip:	CARMEL IN 46032

Title	TRES
Name	COMER, WILLIAM M JR.
Address	12800 N MERIDIAN STREET
City-State-Zip:	CARMEL IN 46032

Title	VP
Name	JENNINGS, JULIE K
Address	12800 N MERIDIAN STREET
City-State-Zip:	CARMEL IN 46302

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: WILLIAM M. COMER, JR.**TREASURER****04/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date