

**2019 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:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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	10221 WATERIDGE CIR.
City-State-Zip:	SAN DIEGO CA 92121

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	10221 WATERIDGE CIR.
City-State-Zip:	SAN DIEGO CA 92121

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

Title	EXECUTIVE VICE PRESIDENT
Name	BONHOMME, JEROME
Address	10221 WATERIDGE CIR.
City-State-Zip:	SAN DIEGO CA 92121

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****04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date