

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006709

FILED  
Jan 11, 2004  
Secretary of State

**Entity Name:** AMERICAN HEALTHCARE FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

6991 FAIRWAY LAKES DRIVE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

6991 FAIRWAY LAKES DRIVE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 06-1352152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEISSMAN, MARTIN  
6991 FAIRWAY LAKES DR.  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** WEISSMAN, MARTIN  
**Address:** 6991 FAIRWAY LAKES DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL

**Title:** ST ( ) Delete  
**Name:** WEISSMAN, SHERRI  
**Address:** 6991 FAIRWAY LAKES DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** WEISSMAN, MARTIN  
**Address:** 6991 FAIRWAY LAKES DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** ST (X) Change ( ) Addition  
**Name:** WEISSMAN, SHERRI  
**Address:** 6991 FAIRWAY LAKES DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** MARTIN WEISSMAN

P

01/11/2004

Electronic Signature of Signing Officer or Director

Date