2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# F00000006709

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:

6991 FAIRWAY LAKES DRIVE
BOYNTON BEACH, FL 33472

Current Mailing Address:

6991 FAIRWAY LAKES DRIVE
BOYNTON BEACH, FL 33437

New Mailing Address:

6991 FAIRWAY LAKES DRIVE
BOYNTON BEACH, FL 33472

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:

WEISSMAN, MARTIN
6991 FAIRWAY LAKES DR.
BOYNTON BEACH, FL 33472 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: _____ 01/05/2008
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 33437

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

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 33472

Title: ST (X) Change ( ) Addition
Name: WEISSMAN, SHERRI
Address: 6991 FAIRWAY LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 01/05/2008
Electronic Signature of Signing Officer or Director — Date