2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F05000002705

Entity Name: AMERICAN SPECIALTY HEALTH AFFINITY, INC.

Current Principal Place of Business:

777 FRONT ST
SAN DIEGO, CA 92101

New Principal Place of Business:

Current Mailing Address:

777 FRONT ST
SAN DIEGO, CA 92101

New Mailing Address:

777 FRONT ST
ATTN: SHERYL BONTEMPS
SAN DIEGO, CA 92101

FEI Number: 75-3027719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	CEO	( ) Delete
Name:	DEVRIES, GEORGE T III	
Address:	777 FRONT ST	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	COOP	( ) Delete
Name:	WHITE, ROBERT P	
Address:	777 FRONT ST	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	T	( ) Delete
Name:	TREBBIEN, MICHAEL R	
Address:	777 FRONT ST	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	D	( ) Delete
Name:	METZ, R. DOUGLAS DC	
Address:	777 FRONT ST	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	SVP	( ) Delete
Name:	CROCKER, ROBERT L	
Address:	777 FRONT STREET	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	S	( ) Delete
Name:	JENNINGS, JULIE K	
Address:	777 FRONT STREET	
City-St-Zip:	SAN DIEGO, CA 92101	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	COMER, WILLIAM M JR	
Address:	777 FRONT ST	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: WILLIAM M COMER JR TRES 04/28/2009

Electronic Signature of Signing Officer or Director — Date