FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000999 (2)**

1. Corporation Name
AMERICAN SHARED HOSPITAL SERVICES CORPORATION

400001493674
-05/18/95--01090--016
******8.75 ******8.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
444 MARKET STREET, #2420 SAN FRANCISCO CA 94111	444 MARKET STREET, #2420 SAN FRANCISCO CA 94111

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4 Embarcadero Center	26 P.O. Box 92
Suite, Apt. #, etc. 22 #3620	Suite, Apt. #, etc. 27
City & State 23 San Francisco Ca	City & State 28 Modesto, Ca
Zip / Country 24 94111 / 25	Zip / Country 29 95353 / 30

4. FEI Number: 94-2918118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400001493674 -05/18/95--01090--017 ****225.00 ****225.00 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	11 TITLE	☒ Change ☐ Addition
NAME	BATES, ERNEST A	12 NAME	
STREET ADDRESS	444 MARKET STREET #2420	13 STREET ADDRESS	4 Embarcadero Ctr #3620
CITY ST ZIP	SAN FRANCISCO CA 94111	14 CITY ST ZIP	San Francisco, CA 94111-4155
TITLE	CFOV	21 TITLE	☒ Change ☐ Addition
NAME	TAGAWA, CRAIG K SR	22 NAME	
STREET ADDRESS	444 MARKET STREET #2420	23 STREET ADDRESS	4 Embarcadero Ctr #3620
CITY ST ZIP	SAN FRANCISCO CA 94111	24 CITY ST ZIP	San Francisco, CA 94111-4155
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	BARNES, WILLIE R	32 NAME	
STREET ADDRESS	444 MARKET STREET #2420	33 STREET ADDRESS	4 Embarcadero Ctr #3620
CITY ST ZIP	SAN FRANCISCO CA 94111	34 CITY ST ZIP	San Francisco, CA 94111-4155
TITLE	VAAS	41 TITLE	☒ Change ☐ Addition
NAME	MAGARY, RICHARD	42 NAME	
STREET ADDRESS	444 MARKET STREET #2420	43 STREET ADDRESS	4 Embarcadero Ctr #3620
CITY ST ZIP	SAN FRANCISCO CA 94111	44 CITY ST ZIP	San Francisco, CA 94111-4155
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	BROWN, WILLIE L JR	52 NAME	
STREET ADDRESS	444 MARKET STREET #2420	53 STREET ADDRESS	4 Embarcadero Ctr #3620
CITY ST ZIP	SAN FRANCISCO CA 94111	54 CITY ST ZIP	San Francisco, CA 94111-4155
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	ROSS, JOHN A	62 NAME	
STREET ADDRESS	444 MARKET STREET #2420	63 STREET ADDRESS	4 Embarcadero Ctr #3620
CITY ST ZIP	SAN FRANCISCO CA 94111	64 CITY ST ZIP	San Francisco, CA 94111-4155 (1)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/15/95 (201) 521-2330 X243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383201 CP