SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000000999 (2)**

1. Corporation Name

AMERICAN SHARED HOSPITAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
4 EMBARCADERO CENTER **#3620** **SAN FRANCISCO CA 94111**	**P.O. BOX 92** **MODESTO CA 95353**

3. Date Incorporated or Qualified: **02/28/1994**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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's signature required when adding or changing R.A.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	11 TITLE	Director	☐ Change ☒ Addition
NAME	BATES, ERNEST A		12 NAME	Mathew Hill	
STREET ADDRESS	4 EMBGRCADERO CTR. #3620		13 STREET ADDRESS	4 Embarcadero #3620	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-4155		14 CITY-ST-ZIP	San Francisco, CA. 94111	
TITLE	CFOV	☐ DELETE	21 TITLE	Director	☐ Change ☒ Addition
NAME	TAGAWA, CRAIG K SR		22 NAME	Stanley S. Trotman	
STREET ADDRESS	4 EMQRCADERO CTR. #3620		23 STREET ADDRESS	4 Embarcadero #3620	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-4155		24 CITY-ST-ZIP	San Francisco, CA. 94111	
TITLE	SD	☐ DELETE	31 TITLE	Senior Vice President	☐ Change ☒ Addition
NAME	BARNES, WILLIE R		32 NAME	David Neuly	
STREET ADDRESS	4 EMBARCADERO CTR #3620		33 STREET ADDRESS	4 Embarcadero CTR 3620	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-4155		34 CITY-ST-ZIP	San Francisco, CA. 94111-4155	
TITLE	VAAS	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MAGARY, RICHARD		42 NAME		
STREET ADDRESS	4 EMBARCADERO CTR. #3620		43 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111-4155		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, WILLIE L JR		52 NAME		
STREET ADDRESS	4 EMBARCADERO CTR. #3620		53 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111-4155		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	ROSS, JOHN A		62 NAME		
STREET ADDRESS	4 EMBARCADERO CTR. #3620		63 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111-4155		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Gordin VP-Finance 6/20/96 (209) 521-2330 X723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number