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

AUDITED
AND
FILED

96 JUL -2 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005347 (8)**

1. Corporation Name
AHI HEALTHCARE SYSTEMS, INC.

Principal Place of Business
12620 ERICKSON AVENUE. STE A
DOWNEY CA 90241

Mailing Address
12620 ERICKSON AVENUE. STE A
DOWNEY CA 90241

3. Date Incorporated or Qualified: **11/01/1995**
3a. Date of Last Report:

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: **APPLIED FOR** 95-4556968 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
INSURANCE COMMISIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____ Signature: type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	[ ] DELETE
NAME	BEREZOVSKY, LEONARDO A	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	PD	[ ] DELETE
NAME	HONIGSTEIN, SAUL A	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	V	[ ] DELETE
NAME	BARLOW, H R	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	SD	[ ] DELETE
NAME	SPIWAK, JOSE	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	SD	[ ] DELETE
NAME	TAMBOLI, KAUSHAL	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	D	[ ] DELETE
NAME	KLIEMAN, CHARLES	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME	600001882596	
1.3 STREET ADDRESS	-07/03/96--01007--015	
1.4 CITY-ST-ZIP	****225.00 ****225.00	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME	600001882596	
2.3 STREET ADDRESS	-07/03/96--01007--016	
2.4 CITY-ST-ZIP	******8.75 ******8.75	
3.1 TITLE	V/T	[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

AG 7-2-96

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: Leonardo A. Berezovsky 7-1-96 (310)803 5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #