

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 90242-4019**



2. Principal Place of Business

21 **3636 Nobel Dr.,**

Suite, Apt. #, etc.

22 **Suite 200**

City & State

23 **San Diego, CA**

Zip

24 **92122**

Country

25 **USA**

2a. Mailing Address

26 **3636 Nobel Dr.,**

Suite, Apt. #, etc.

27 **Suite 200**

City & State

28 **San Diego, CA**

Zip

29 **92122**

Country

30 **USA**

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

07/02/1996

4. FEI Number

95-4556968

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

**INSURANCE COMMISSIONER
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BEREZOVSKY, LEONARDO A	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HONIGSTEIN, SAUL A	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BARLOW, H R	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPIWAK, JOSE	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAMBOLI, KAUSHAL	
STREET ADDRESS	12620 ERICKSON AVENUE STE A	
CITY-ST-ZIP	DOWNEY CA	
TITLE	D	<input type="checkbox"/> 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	President, CEO, Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Seth M. Flam		
1.3 STREET ADDRESS	3636 Nobel Dr., Suite 200		
1.4 CITY-ST-ZIP	San Diego, CA 92122		
2.1 TITLE	EMP, CFO, Treasurer, Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Steven M. Lash		
2.3 STREET ADDRESS	3636 Nobel Dr., Suite 200		
2.4 CITY-ST-ZIP	San Diego, CA 92122		
3.1 TITLE	SVP, General Counsel, Sec., Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	James A. Lebovitz		
3.3 STREET ADDRESS	3636 Nobel Dr., Suite 200		
3.4 CITY-ST-ZIP	San Diego, CA 92122		
4.1 TITLE	VP, Asst. Sec., Asst. Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Cheryl A. Moore		
4.3 STREET ADDRESS	3636 Nobel Dr., Suite 200		
4.4 CITY-ST-ZIP	San Diego, CA 92122		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:

James A. Lebovitz **James A. Lebovitz**

4/15/97

(619) 824-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0602484

CR2E034 (9/96)