

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005347 (8)**

1. Corporation Name  
**AHI HEALTHCARE SYSTEMS, INC.**



Principal Place of Business <b>3636 NOBEL DR. STE. 200 SAN DIEGO CA 92122 US</b>	Mailing Address <b>3636 NOBEL DR. STE. 200 SAN DIEGO CA 92122 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/01/1995</b>	
4. FEI Number <b>95-4556968</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAM, SETH M		1.2 NAME	Stephen J. Dresnick, M.D.			
STREET ADDRESS	3636 NOBEL DR., STE. 200		1.3 STREET ADDRESS	5835 Blue Lagoon Drive			
CITY-ST-ZIP	SAN DIEGO CA		1.4 CITY-ST-ZIP	Miami, FL 33126			
TITLE	ECTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director/Treasurer/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LASH, STEVEN M		2.2 NAME	Douglas E. Kerner			
STREET ADDRESS	3636 NOBEL DR., STE. 200		2.3 STREET ADDRESS	3636 Nobel Drive, Suite 200			
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP	San Diego, CA 92122			
TITLE	SCSD	<input type="checkbox"/> DELETE	3.1 TITLE	Director/Secretary/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEBOVITZ, JAMES A		3.2 NAME	James A. Lebovitz			
STREET ADDRESS	3636 NOBEL DR., STE. 200		3.3 STREET ADDRESS	3636 Nobel Drive, Suite 200			
CITY-ST-ZIP	SAN DIEGO CA		3.4 CITY-ST-ZIP	San Diego, CA 92122	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VPST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, CHERYL A		4.2 NAME				
STREET ADDRESS	3636 NOBEL DR., STE. 200		4.3 STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLIEMAN, CHARLES		5.2 NAME				
STREET ADDRESS	12820 ERICKSON AVENUE STE A		5.3 STREET ADDRESS				
CITY-ST-ZIP	DOWNEY CA		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 4/17/98 (619) 824-8620

CR2E034 (10/97)