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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004808 (9)

FIRST AMERICAN HEALTH CONCEPTS, INC.

## FILED May 06 1998 8:00am Secretary of State



Principal Place of Busi	ness	Mailing Address						
7776 8. POINTE PKWY W., #150		7776 S. POINTE PKWY W., #150						
PHOENIX AZ 85044-543	24	PHOENIX AZ 85044-542	24		DO 14	OT MIDITE AL	T. 110 00 1 05	
				9 00	ate Incorporated or (	OT WRITE IN	THIS SPACE	
					9/19/1996	Quanneu		
2. Principal Place of B	usiness	2a, Mailing Address			I Number		TA	pplied For
21		26			86-0418406		<b>├</b>	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		60.75	Additional	
22		27		<b>5.</b> Ce	eninicate of Status Di	esirea L.		tequired
City & State		City & State		6. Ele	ection Campaign Fin			May Be
23	<del></del>	28		Tru	ust Fund Contributio	on i_	Added	to Fees
Zip	Country	Zφ	Country		is corporation owes		ne current year tr	tangible
24 A Na	25] me and Address of Current	29 Registered Agent	30		rsonal Property Tax			No.
<del></del>	E COMMISSIONER	t negistored Agent	81 Name		ino alta Audress o	I HOM NOGIAL	elen Maelit	<del></del>
CAPITOL	E OOMIMIOOIONEN							
	SEE FL 32399-0300		82 Street	Address (P.O.	Box Number is Not	Acceptable)		
TALLA NO	OLL 1 C 02000-0000		83		· · · · · · · · · · · · · · · · · · ·			
			84 City				FL 85 Zip	Code
11. Pursuant to the pro	ovisions of Sections 607 0502	2 and 607 1508. Florida Stati	utes the above-named	f corporation su	ihmite this statemen			ite registere
office or registered	ovisions of Sections 607.0502 Lagerit, or both, in the State or Livith, and accept the obliga	of Florida Such change was	authorized by the cor	poration's boar	d of directors. I here	eby accept the	e appointment as	registered
ауенстанганна	г with, али ассирт не овнув	idens of, section 607.0505, f	lorida Statutes.					
	yped or profed name of registored agen	it and little it applicable (NC	OIL: Registered Agent signature	e required when reins	stat-na)	D	DATE	
Signature, I	yped or pouled name of registored upon OFFICERS AND		OTI.: Registered Agent signature		stating) DITIONS/CHANGES			RS IN 12
Signature, I	OFFICERS AND							
Signature, I  12.  TITLE P  NAME RAYO	OFFICERS AND CRAFT, JOHN A	DIRECTORS	13.	ADD		TO OFFICERS	S AND DIRECTO	
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