

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90021 007 ***150.00

DOCUMENT # F96000004808

1. Corporation Name

FIRST AMERICAN HEALTH CONCEPTS, INC.

Principal Place of Business

7776 S. POINTE PKWY W.. #150
PHOENIX AZ 85044-5424

Mailing Address

7776 S. POINTE PKWY W.. #150
PHOENIX AZ 85044-5424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

86-0418406

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 P ☐ DELETE

NAME RAYCRAFT, JOHN A
STREET ADDRESS 2437 E. AMBERWOOD DR.
CITY-ST-ZIP PHOENIX AZ 85048

TITLE V ☒ DELETE

NAME DAVIDSON, BRUCE T
STREET ADDRESS 6130 N. 31ST COURT
CITY-ST-ZIP PHOENIX AZ 85016

TITLE V ☐ DELETE

NAME ARNOLD, LAURA J
STREET ADDRESS 8651 E. ROYAL PALM #128
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE V ☒ DELETE

NAME SANTILLI, CRAIG L
STREET ADDRESS 9862 E. WINDROSE DR.
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE DT ☐ DELETE

NAME HALL, CAROLYN S
STREET ADDRESS 7560 E. GOLD DUST AVE.
CITY-ST-ZIP SCOTTSDALE AZ 85258

TITLE V ☐ DELETE

NAME BRADY, D L
STREET ADDRESS 6131 E QUARTZ IR
CITY-ST-ZIP MESA AZ 85215

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Margaret Eardley
1.3 STREET ADDRESS 12238 S 44th St
1.4 CITY-ST-ZIP Phoenix, AZ 85044

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-99 602 414-0300

CR2024 (11/08)

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