


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91215 033 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L54750</b>                               |  |
| 1. Entity Name<br><b>AMERICAN HEALTH SYSTEMS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1415 PANTHER LANE<br/>#138<br/>NAPLES, FL 34109</b> | Mailing Address<br><b>1415 PANTHER LANE<br/>#138<br/>NAPLES, FL 34109</b> |
|---|---|

**24066468**



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

01082004 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                            |  |
| <b>DEL VALLE, LUIS<br/>300 S.W. 107TH AVE<br/>#202<br/>MIAMI, FL 33174</b> |  |

|  |                                   |
|--|-----------------------------------|
| 7. Name and Address of New Registered Agent      |                                   |
| Name   | <b>DEL VALLE LUIS</b>             |
| Street Address (P.O. Box Numbers Not Acceptable) | <b>1415 PANTHER LANE<br/>#138</b> |
| City   | <b>Naples</b>                     |
| State  | <b>FL</b>                         |
| Zip Code   | <b>34109</b>                      |

|   |                     |
|---|---------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                     |
| SIGNATURE   | <b>April 28, 04</b> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>DEL VALLE, LUIS</b>          |
| STREET ADDRESS             | <b>300 S.W. 107TH AVE #202</b>  |
| CITY-ST-ZIP                | <b>MIAMI, FL 33174</b>          |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

|   |   |
|---|---|
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>DEL VALLE LUIS</b>   |
| STREET ADDRESS  | <b>1415 PANTHER LANE #138</b>                                     |
| CITY-ST-ZIP   | <b>NAPLES, FL 34109</b>   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

|   |                                 |
|---|---------------------------------|
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                 |
| SIGNATURE   | <b>April 28, 04 239-8211673</b> |