

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # N98000005634

1. Entity Name

AMERICAN HEALTH TRUST, INCORPORATED



Principal Place of Business

**1503 SEABREEZE AE
JACKSONVILLE BEACH, FL 32250**

Mailing Address

**P.O. BOX 51175
JACKSONVILLE BEACH, FL 32240-1175**



01222004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3534804

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRANT, TERRY
1503 SEABREEZE AVE
JACKSONVILLE BCH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME BRANT, TERRY
STREET ADDRESS 1503 SEABREEZE AVE
CITY-ST-ZIP JACKSONVILLE BCH, FL 32250

TITLE VD
NAME BRANT, DIANE B
STREET ADDRESS 1503 SEABREEZE AVE
CITY-ST-ZIP JACKSONVILLE BCH, FL 32250

TITLE D
NAME GARDNER, ROBERT P
STREET ADDRESS 1528 OAK HAVEN RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000013314
01/26/04-80049-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/2004