

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000128714

1. Entity Name
AMERI HEALTH MEDICAL SERVICES, INC.



Principal Place of Business

**3900 NW 79 AVE.
STE. 735
MIAMI, FL 33166**

Mailing Address

**3900 NW 79 AVE.
STE. 735
MIAMI, FL 33166**



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1987527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, ADAM
3900 NW 79 AVE.,STE. 735
MIAMI, FL 33166**

**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]
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/30/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000154731
05/05/04 00000 024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPVS
CRUZ, ADAM
3900 NW 79 AVE.,STE. 735
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CRUZ, ADAM
3900 NW 79 AVE.,STE.735
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

**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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

05/30/04