

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02271 (5)**

1. Corporation Name
AMERICAN HEALTH SERVICES CORP.



Principal Place of Business: **4440 VON KARMAN, SUITE #320 NEWPORT BEACH CA 92660-2011**
Mailing Address: **4440 VON KARMAN, SUITE #320 NEWPORT BEACH CA 92660-2011**

| | | | |
|---|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 06/04/1984 | 3a. Date of Last Report 04/11/1995 |
| 21 | 26 | 4. FEI Number 52-1278857 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 22 State, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip | 25 Country | 29 Zip | 30 Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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: _____ (Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PC <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ATKINS, E. LARRY | 1.2 NAME | |
| STREET ADDRESS | 4440 VON KARMAN #320 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEWPORT BEACH CA | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROAL, THOMAS V. | 2.2 NAME | |
| STREET ADDRESS | 4440 VON KARMAN #320 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEWPORT BEACH CA | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, PHILIP D. | 3.2 NAME | |
| STREET ADDRESS | 2600 VIRGINIA AVENUE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WASHINGTON DC | 3.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACFARLAND, DEBORAH M. | 4.2 NAME | |
| STREET ADDRESS | 4440 VON KARMAN #320 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEWPORT BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARMSTRONG, ROBERT J. | 5.2 NAME | |
| STREET ADDRESS | 4440 VON KARMAN #320 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEWPORT BEACH FL | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EGGER, FRANK E. | 6.2 NAME | |
| STREET ADDRESS | 1301 DADE BOULEVARD | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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.

SIGNATURE: _____ DATE: **1-12-96** DAYTIME PHONE #: **(714)476-0733**

CR2E034 (12/95)

AMERICAN HEALTH DIRECTORS

E. LARRY ATKINS
4440 VON KARMAN AVENUE
SUITE 320
NEWPORT BEACH CA 92660

THOMAS V. CROAL
4440 VON KARMAN AVENUE
SUITE 320
NEWPORT BEACH, CA 92660

LLOYD GLAZER
H.C. WAINWRIGHT & CO., INC.
1 BOSTON PLACE, 31ST FLOOR
BOSTON, MA 02108

PHILIP D. GREEN
GREEN, STEWART & FARBER
2600 VIRGINIA AVE, NW #1111
WASHINGTON, DC 20037

FRANK EGGER
KOVENS & ASSOCIATES, INC.
12000 BISCAYNE BLVD.
MIAMI, FL 33181
(Chairman of the Board)

ROZ KOVENS
KOVENS & ASSOCIATES, INC.
12000 BISCAYNE BLVD.
MIAMI, FL 33181

CHARLES M. SPEAR
SMITH MICRO SOFTWARE, INC.
51 COLUMBIA
ALISO VIEJO, CA 92656

AMERICAN HEALTH OFFICERS

E. LARRY ATKINS
PRESIDENT AND CEO
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

THOMAS V. CROAL
VICE PRESIDENT AND CFO
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

ROBERT J. ARMSTRONG
VICE PRESIDENT, DESIGN AND CONSTRUCTION
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

DEBORAH MACFARLANE
VICE PRESIDENT, MARKETING
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660

BRIAN G. DRAZBA
CORPORATE CONTROLLER AND VICE PRESIDENT FINANCE
4440 Von Karman Avenue, Suite 320
Newport Beach, CA 92660