2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105976

1. Entity Name

AMERICAN HEALTH SOLUTIONS, INC.



FILED Feb 07, 2008 08:00 A Secretary of State

Principal Place of Business

8043 NW 198 STREET MIAMI, FL 33015 Mailing Address

8043 NW 198 STREET MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

O1292008 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
81-0632935		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional autred

6. Name and Address of Current Registered Agent

MARTINEZ, MARILEX 8043 NW 198 STREET MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	Led office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE; Registere	t Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<u>-</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MARILEX 8043 NW 198 STREET MIAMI, FL 33015				
TITLE			1		U00000819613
NAME					U00000819613 02/15/08-90089-015 150.00
STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ú		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this file	ing does not qualify for the exe	mptions cor	ntained in Chapter 119	9. 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 others like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08

186-286-995