
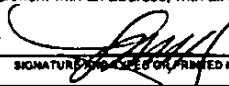


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90011 040 \*\*\*150.00

<b>DOCUMENT # P07000024480</b>			
1. Entity Name AMERICAN HEALTH PROVIDERS, CORP.			
Principal Place of Business 6555 NW 36 ST SUITE 204 VIRGINIA GARDENS, FL 33166		Mailing Address 6555 NW 36 ST SUITE 204 VIRGINIA GARDENS, FL 33166	
2. Principal Place of Business - No P.O. Box # 13903 NW 67 AVE		3. Mailing Address 13903 NW 67 AVE	
Suite, Apt. #, etc. 330		Suite, Apt. #, etc. 330	
City & State Miami Lakes FL		City & State Miami Lakes FL	
Zip 33014	Country USA	Zip 33014	Country USA
6. Name and Address of Current Registered Agent MARTINEZ, LUIS M 11011 NW 62 CT HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, LUIS M 11011 NW 62 CT HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		02/7/08 (305) 822-7723	
SIGNATURE OF OFFICER OR DIRECTOR		Date Daytime Phone #	

66003790



01302008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8498833 Applied For  
Not Applicable

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