2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P07000024480

Entity Name: AMERICAN HEALTH PROVIDERS, CORP.

Current Principal Place of Business:

13903 NW 67 AVE
SUITE 210
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

11011 NW 62 CT
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8498833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, LUIS M
11011 NW 62 CT
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MARTINEZ, LUIS M
Address: 11011 NW 62 CT
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS M MARTINEZ P 02/23/2011
Electronic Signature of Signing Officer or Director Date