

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31538 (2)**

1. Corporation Name
AMERICAN OUTPATIENT SERVICES CORPORATION



Principal Place of Business: **TWO S UNIVERSITY DR #110 PLANTATION FL 33324 US**
Mailing Address: **TWO S UNIVERSITY DR 110 PLANTATION FL 33324 US**

3. Date Incorporated or Qualified: **10/24/1990**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **95-4046814**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. State, Apt. #, etc.
27. State, Apt. #, etc.
23. City & State
28. City & State
24. Zip, Country
25. Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
**BURRIER, VICTORIA
TWO S UNIVERSITY DR # 110
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 607.0508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | REISS, SAUL | |
| STREET ADDRESS | 280 S. BEVERLY DR #207 | |
| CITY-ST-ZIP | BEVERLY HILLS CA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARVEY, CLAUDIA | |
| STREET ADDRESS | 448 RALPH MCGILL BLVD | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BURRIER, VICKI | |
| STREET ADDRESS | TWO S UNIVERSITY DR #110 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | SPIRA, LAWRENCE | |
| STREET ADDRESS | 1900 NE 114TH ST | |
| CITY-ST-ZIP | N MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | Two S. University DR #110 |
| 4.4 CITY-ST-ZIP | Plantation, FL 33324 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 the 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: Sicki Burrier 2/14/96 954-474-7701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)