SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 PM 0:18

DOCUMENT # **P36594** **(0)**

1. Corporation Name
AMERICAN MOBILE HEALTHCARE, INC.

Principal Place of Business	Mailing Address
12730 HIGH BLUFF DR. STE. 400 SAN DIEGO CA 92130	12730 HIGH BLUFF DR. STE. 400 SAN DIEGO CA 92130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1991
3a. Date of Last Report: 05/13/1994
4. FEI Number: 88-0208006 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for a tangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, STEVEN C.	12 NAME	
STREET ADDRESS	12730 HIGH BLUFF DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, GAYLE A.	22 NAME	
STREET ADDRESS	12730 HIGH BLUFF DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	ALEXANDER, JOHN R.	32 NAME	Delete
STREET ADDRESS	12730 HIGH BLUFF DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	FALLER, MARCIA	42 NAME	
STREET ADDRESS	12730 HIGH BLUFF DR.	43 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	VP ☒ Change ☐ Addition
NAME	SUTTON, SUNNY	52 NAME	
STREET ADDRESS	12730 HIGH BLUFF DR.	53 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	54 CITY-ST-ZIP	
TITLE		61 TITLE	VP ☐ Change ☒ Addition
NAME		62 NAME	Stumph, Diane K
STREET ADDRESS		63 STREET ADDRESS	12730 High Bluff Dr
CITY-ST-ZIP		64 CITY-ST-ZIP	San Diego, CA 92130

CR2E034 (3/95)

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: Diane K. Stumph VP/Controller 6/11/95 (619) 792-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103689 FN