

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:50

DOCUMENT # P93000038765 (2)

1. Corporation Name

AMERICAN HEALTH CARE MANAGEMENT SERVICES, INC.

Principal Place of Business

6100 HOLLYWOOD BLVD
STE 426
HOLLYWOOD FL 33024
US

Mailing Address

11845 S.W. 44TH ST.
FORT LAUDERDALE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

04/07/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0414569

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

7. This corporation has liability for income tax under S. 135.022,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, KENNETH L.
11845 S.W. 44TH ST.
FORT LAUDERDALE FL 33330

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCOTT, KENNETH L
11845 S.W. 44TH ST.
FORT LAUDERDALE FL 33330

14 TITLE ☐ Change ☐ Addition

17 NAME

18 STREET ADDRESS

19 CITY - ST - ZIP

20 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CSTD
PONS, MARGARITA M.
15600 NW 83RD PL
MIAMI LAKES FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

45 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

55 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

65 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that this information included 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 manager 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:

Kenneth L. Scott

KENNETH L. SCOTT

5-15-95

(305) 963-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)