SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000026179 (8)

1. Corporation Name

AHI FLORIDA HEALTHCARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
12620 ERICKSON AVE. SUITE A DOWNEY CA 90241	12620 ERICKSON AVE. SUITE A DOWNEY CA 90241

3. Date Incorporated or Qualified: 04/03/1995
3a. Date of Last Report:
4. FEI Number: 95-4524801 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS

	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(The above block is repeated six times, all blank.)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	D/C	☐	X
1.2 NAME	Berezovsky, Leonardo A.		
1.3 STREET ADDRESS	12620 Erickson Ave., Suite A		
1.4 CITY-ST-ZIP	Downey, CA 90241		
2.1 TITLE	D/T	☐	X
2.2 NAME	Spiwak, Jose		
2.3 STREET ADDRESS	12620 Erickson Ave., Suite A		
2.4 CITY-ST-ZIP	Downey, CA 90241		
3.1 TITLE	D/S	☐	XX
3.2 NAME	Tamboli, Kaushal		
3.3 STREET ADDRESS	12620 Erickson Ave., Suite A		
3.4 CITY-ST-ZIP	Downey, CA 90241		
4.1 TITLE	D	☐	XX
4.2 NAME	Klieman, Charles		
4.3 STREET ADDRESS	12620 Erickson Ave., Suite A		
4.4 CITY-ST-ZIP	Downey, CA 90241		
5.1 TITLE	D/P	☐	X
5.2 NAME	Honigstein, Saul		
5.3 STREET ADDRESS	12620 Erickson Ave., Suite A		
5.4 CITY-ST-ZIP	Downey, CA 90241		
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (3/96)

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: Leonardo Berezovsky 07/05/96 (310) 803-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0128087 CP