

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000018595 (4)
1. Corporation Name
NORTH AMERICAN HEALTHCARE MANAGEMENT, INC.



Principal Place of Business Mailing Address
16188 E. POWERS PLACE AURORA CO 80015 **16188 E. POWERS PLACE AURORA CO 80015-4035**

3. Date Incorporated or Qualified **02/16/1996** 3a. Date of Last Report **N/A**
4. FEI Number **65-0653207** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**GOSS, PHILIP E ESQ.
1401 BARACOA AVENUE
CORAL GABLES FL 33148**

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 _____ (NOTE Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | YOST, ROBERT R |
| STREET ADDRESS | 350 FAIRMONT WAY |
| CITY - ST - ZIP | FORT LAUDERDALE FL 33328 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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 | DIV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Yost, Robert R. |
| 1.3 STREET ADDRESS | 16188 E. Powers Place |
| 1.4 CITY - ST - ZIP | Aurora, CO. 80015 |
| 2.1 TITLE | P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Elizabeth Schuyler Yost |
| 2.3 STREET ADDRESS | 16188 E. Powers Place |
| 2.4 CITY - ST - ZIP | Aurora, CO. 80015 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Elizabeth Schuyler Yost** **4-24-97** **(303) 766-4886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)