


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

FILED  
Jun 16 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 # <b>P96000027643</b>			
1. Corporation Name <b>AMERICAN THERAPEUTIC SERVICES, INC.</b> <b>3750 WEST 16 AVE, SUITE 110</b> <b>MIAMI, FL 33012</b>			
Principal Place of Business <b>SAME AS ABOVE</b>		Mailing Address <b>SAME AS ABOVE</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>3-29-96</b>		3a. Date of Last Report <b>1997</b>	
4. FEI Number <b>65-0656114</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BENJAMIN R. METSH, ESQ.</b> <b>19 W. FLAGLER STREET SUITE 416</b> <b>MIAMI, FL 33130</b>		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 <b>FL</b>	
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 reinstating.) DATE: _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
<b>RAMON GONZALEZ P-D</b> <input type="checkbox"/> DELETE <b>3837 SW 8 STREET</b> <b>MIAMI, FL 33134</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3750 WEST 16 AVE, SUITE 110</b> <b>MIAMI, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
<b>LAWRENCE DURAN VP-D</b> <input type="checkbox"/> DELETE <b>3837 SW 8 STREET</b> <b>MIAMI, FL 33134</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3750 WEST 16 AVE, SUITE 110</b> <b>MIAMI, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
<b>ODALYS RUIZ-SANCHEZ T-D</b> <input type="checkbox"/> DELETE <b>3837 SW 8 STREET</b> <b>MIAMI, FL 33134</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S-T-D</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
<b>SULIAN CANTILLO S-D</b> <input checked="" type="checkbox"/> DELETE <b>3837 SW 8 STREET</b> <b>MIAMI, FL 33134</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3750 WEST 16 AVE, SUITE 110</b> <b>MIAMI, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500002214895</b> <b>-06/17/97--01042--033</b> <b>***550.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)