

SECOND NOTICE OF CORPORAION AMENDED HISTORICAL ON OR AFTER SEPTEMBER 30, 1998
AMENDED NOTICE OF CORPORAION AMENDED HISTORICAL ON OR AFTER SEPTEMBER 30, 1998

amended

AMENDED PROFIT CORPORATION ANNUAL REPORT 1998 \$61.25

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

FILED

98 OCT 28 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027643
1. Corporation Name
AMERICAN THERAPEUTIC SERVICES, INC.

Principal Place of Business Mailing Address
3750 W 16 AVE
SUITE 110
MIAMI, FL 33012
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/29/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0656114	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEANAMIA R. METSCH, ESQ.
1385 NW 15 ST.
MIAMI, FL

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 Lawrence S. Duran 10-27-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. MANOY GONZALEZ	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V-P	2.2 NAME	P. S. T.
STREET ADDRESS	LAWRENCE DURAN	2.3 STREET ADDRESS	LAWRENCE DURAN
CITY-ST-ZIP	3750 W 16 AVE, SUITE 110 MIAMI, FL 33012	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. ODAKIS RUIZ-SANCHEZ	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	600002679146--1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-11/03/98--01056--023
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	*****61.25 *****61.25
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Lawrence S. Duran 10-27-98 (301) 262-8270
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)