

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

1062

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 18 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00000080302  
1. Corporation Name  
AMERICAN HEALTHCARE, INC.

Principal Place of Business Mailing Address  
5331 COMMERCIAL WAY 5331 COMMERCIAL WAY  
SUITE 104 SUITE 104  
SPRING HILL, FL 34613 SPRING HILL, FL 34613

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3406010		11-13-96	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
GARY WALKER				81 Name			
4100 BARNETT PLAZA				82 Street Address (P.O. Box Number is Not Acceptable)			
101 E. KENNEDY BLVD.				83			
TAMPA, FL 33602				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 Gary Walker 8/14/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE				PRESIDENT			
1.2 NAME				MARSHALL, BRYANT			
1.3 STREET ADDRESS				5331 COMMERCIAL WAY			
1.4 CITY-ST-ZIP				SPRING HILL, FL 34613			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE				VICE PRESIDENT/TREASURER			
2.2 NAME				VIRGILIO ALVAREZ-RENTA			
2.3 STREET ADDRESS				5331 COMMERCIAL WAY			
2.4 CITY-ST-ZIP				SPRING HILL, FL 34613			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE				SECRETARY			
3.2 NAME				MYRIAM MARSHALL			
3.3 STREET ADDRESS				5331 COMMERCIAL WAY			
3.4 CITY-ST-ZIP				SPRING HILL, FL 34613			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE				500002272345--1			
4.2 NAME				-08/20/97--01077--008			
4.3 STREET ADDRESS				****165.00 ****165.00			
4.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE				500002272345--1			
5.2 NAME				-08/20/97--01077--008			
5.3 STREET ADDRESS				****165.00 ****165.00			
5.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE							
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: Bryan J. Walker 8/13/97 (352) 597-2505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

LOK  
2082

813-222-8701

July 23, 1997

State of Florida  
Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32302-1500

Re: Bryan T. Marshall, DDS., P.A.  
FEI No. 59-3179047

American HealthCare, Inc.  
FEI No. 59-3406010

Dear Sir:

Please find enclosed the completed Corporate Annual Report for Bryan T. Marshall, D.D.S., P.A. and a check for the fee in the amount of \$165.00. Please be advised that we never received the Corporate Annual Report for American Health Care, Inc. (AHC) and feel we should not be assessed the late charge. Please forward the actual Corporate Annual Report for American Health Care, Inc. (AHC) since we still need to review, sign and return with the remittance fee of \$165.00. Also during this period the corporate office moved to 5331 Commercial Way, Suite 104, Spring Hill, FL 34606. Personnel changes were also made during this time which left a vacancy in the Accounting Department for a number of months and contributed to the annual reports not being filed in a timely manner.

mailed  
8-7-97

Given these extenuating circumstances, I ask you to please consider eliminating the \$385.00 penalty on each of the Corporate Annual Reports.

Your understanding in this matter will be greatly appreciated.

Sincerely,

*David J. Fellows*

David Fellows, C.P.A.  
Controller

DF:yss

latefiling:df

FOR  
GARY  
WACKER