

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90207 035 ***150.00

DOCUMENT # P96000080302

1. Corporation Name
AMERICAN HEALTHCARE, INC.

Principal Place of Business

5331 COMMERCIAL WAY
SUITE 104
SPRING HILL FL 34613

Mailing Address

5331 COMMERCIAL WAY
SUITE 104
SPRING HILL FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number
59-3406010

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12005 CORTEZ BOULEVARD
Suite, Apt. #, etc.

2a. Mailing Address

26 12005 CORTEZ BLVD.
Suite, Apt. #, etc.

City & State

23 BROOKSVILLE, FL

City & State

28 BROOKSVILLE, FL

Zip Country

24 34613 25 HERVANDO

Zip Country

29 34613 30 HERVANDO

9. Name and Address of Current Registered Agent

WALKER, GARY
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602

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

TITLE P ☐ DELETE

NAME MARSHALL, BRYAN T
STREET ADDRESS 5331 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34613

TITLE VPT ☐ DELETE

NAME ALVAREZ-RENTA, VIRGILIO
STREET ADDRESS 5331 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34613

TITLE S ☐ DELETE

NAME MARSHALL, MYRIAM
STREET ADDRESS 5331 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34613

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12005 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

12005 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

12005 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)