# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 15, 2005**
**Secretary of State**

DOCUMENT# P96000080302

**Entity Name:** AMERICAN HEALTHCARE, INC.

**Current Principal Place of Business:**

12005 CORTEZ BLVD
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

12005 CORTEZ BLVD
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number: 59-3406010** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, GARY
100 S ASHLEY DRIVE
FIRST UNION BUILDING STE 1500
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

WALKER, GARY
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 03/15/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MARSHALL, BRYAN T
Address: 12005 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: SVT ( ) Delete
Name: ALVAREZ-RENTA, VIRGILIO
Address: 12005 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: SVO ( ) Delete
Name: MARSHALL, MYRIAM
Address: 12005 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN T MARSHALL P 03/15/2005
Electronic Signature of Signing Officer or Director — Date