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PROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 14 1997 8:00am Secretary of State

MERICAN HEALTHCORP, PPM-1, INC.	
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Principal Place of Business Mailing Address 2929 EAST COMMERCIAL BLVD 2929 EAST COMMERCIAL BLVD SUITE 306							
Suite 806 Fort Lauderd	ALE FL 33308	FORT LAUDERDALE FL 33	308-4219				
					 Date Incorporated or Qualified 12/19/1996 	3a, Date of I	Last Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		·	65-0726760		Not Applicable
Suite, Apt. #, etc. Suile, Apt. #, etc. 27				5. Certificate of Status Desired Security Securi			
City & State City & State 23 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees			
Zip	Country	Ζφ	Cour	lry	8. This corporation has hability for		nder s. 199.032,
24	25	29	30			Yes No	
	9, Name and Address of C			81 Name	10. Name and Address of New R	agistered Agent	
	PORATION SERVICE COMP	ANY	Ĺ	LEO	NARD K. SAMUELS, ESO	4	
	HAYS STREET		[-	Street Add	ress (P.O. Box Number is Not Accepta Northeast 3rd Avenu	ble)	400
IAUL	AHASSEE FL 32301-2525		}	B3	Not theast Stu Avenu	z, surce	400
			Į				
			1	City Ft.	Lauderdale	FL 65	Zip Code 33301
l office or r	egistered agent, or both, in the	State of Florida, Such change was	authorized	ove-named corp by the corporal	poration submits this statement for the tion's board of directors. I hereby according	purpose of chan	ging its registered
agent. I a SIGNATURE	Holly a	roll oution Section 607.0505, F					
	Signature, typed of printed same of register	red agent and utte if applicable. (NO S AND DIRECTORS		Agent signature requi	red whon reinstating) ADDITIONS/CHANGES TO OFF	DATE	CTORC IN 12
12.	D	DELETE	13.	F T	ADDITIONS/CHANGES TO OFF		hange Addition
NAME	ROSENBERG, RALPH		1.2 NA			-	
STREET ADDRESS	2929 E COMMERCIAL BLV	D. STE 306		EFT ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33	308	1.4 D/T	Y - S1 - ZIP			
TITLE		DELETE	21 111			□ C	hange Addition
NAME			2.2 NAI	Æ			
STREET ADDRESS			2.3 STF	ECT ADDRESS			
CITY-ST-ZIP			2. 4 CF	Y-SI-ZIP			
TITLE		☐ DELETE	3.1 TIT	E		C	hange Addition
NAME		1	3.2 NA	AE			
STREET ADDRESS			3.3 S1F	EET AUDRESS			
CITY-ST-ZIP				Y - \$1 - 2(P			
TITLE		☐ DELFTE	4.1 111				hange L Addition
NAME			4.2 NA	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CII 5.1 TIT	Y-ST-ZIP		————	hange Addition
		FT otroit					ia igo Autori/OH
NAME CAREET ADDRESS			52 NAI	1			
STREET ADDRESS				ECT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	6.1 TIT	r·\$1-ZIP F		Пс	hange Addition
NAME		Las Dittell	6.2 NA				
STREET ADDRESS			1	FET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
VIII VI 1411	İ		0.4 01	011720			

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 armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recent or trusted 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 or a fallent hours that an address.

454-938-3770