

SECOND NOTICE CORPORATION WITH BENEFITS OF VOTING ON OR AFTER SEPTEMBER 30, 1998
ADDITIONAL FIDUCIARY INFORMATION FOR THE YEAR 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 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040338

1. Corporation Name
AMERICAN THERAPEUTIC
MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
7941 NW 2ND STREET SAME
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5-01-97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0754215	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	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

81 Name LAWRENCE DURAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 7941 NW 2ND STREET
84 City MIAMI FL 85 Zip Code 33126

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 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PATRICIA GONZALEZ			
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
V.P. LAWRENCE DURAN			
7941 NW 2ND STREET			
MIAMI, FL 33126			
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
T. ODACYS RUIZ-SANCHEZ			
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 in an attachment with an address.

SIGNATURE: Lawrence S. Duran 10-27-98 (305) 262-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)