

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

PROFIT
CORPORATION
ANNUAL REPORT

1999 1998

DOCUMENT # P97000084749

1. Corporation Name

AMERICAN HEALTHCARE INFORMATION SYSTEMS INC.

Principal Place of Business

Mailing Address

1747 VAN BUREN ST. Suite 770
HOLLYWOOD, FL. 33020

2. Principal Place of Business

2a. Mailing Address

1	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
2	City & State	27	City & State
3	Zip	28	Zip
4	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

FREDERIK COTE
1747 VAN BUREN ST. # 770
HOLLYWOOD, FL. 33020

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	PRESIDENT	[] DELETE
NAME	FREDERIK COTE	
STREET ADDRESS	1747 VAN BUREN ST. Suite 770	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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

PRESIDENT

05-24-99

954-929-2426

Daytime Phone #

APPROVED
AND
FILED

99 JUN 14 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/01/97
4. FEI Number	65-0785217
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
10. Name and Address of New Registered Agent	

700002907147-2
-06/17/99-01010-012
****158.75 ****158.75

8/6/14

03/25/99 90063 03/150.00



May 24, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Stacy

Dear Stacy:

As per our telephone conversation on Monday, May 24, 1999, we discussed the matter that our company never received the Corporation Annual Report for the year of 1998 due to change of address or it plainly got lost in the mail. We also never received any notice informing us on our outstanding balance.

Please note that we did send a check for \$150 for the current year of 1999 (see enclosed). Also, we have included a check for the previous year in the amount of \$150. As per our understanding, the penalty balance will be waived on your part. Please take proper measures to reinstate our Company name as soon as possible since it is causing some urgent business matters to be delayed due to this misunderstanding. If you have any questions, contact us immediately at 954-929-2426.

Thank you for your understanding and corporation in this matter.

Sincerely,

A handwritten signature in black ink, which appears to read "Ginette Ethier".

Ginette Ethier
American HealthCare Information Systems, Inc.