

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000087064 (6)

1. Corporation Name

AMERICAN HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

2699 S. BAYSHORE DR., STE. 300D  
COCONUT GROVE FL 33133

2699 S. BAYSHORE DR., STE. 300D  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number  
65-0532945

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7483 NW 4 STREET

2a. Mailing Address

26 7483 NW 4 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLANTATION, FL

City & State

28 PLANTATION, FL

Zip

24 33317

Country

25 BROWARD

Zip

29 33317

Country

30 BROWARD

9. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E  
2699 S. BAYSHORE DR., STE. 300D  
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

ALBERTO HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

11 SAMANA DRIVE

83

84 City

MIAMI

FL

85 Zip Code  
33133

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

*Jeffrey E. Lehrman*  
Signature, typed or printed name of registered agent and title if applicable

*Alberto Hernandez*  
(NOTE: Registered Agent signature required when reinstating)

1/7/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME LEHRMAN, JEFFREY E  
STREET ADDRESS 2699 S. BAYSHORE DR., STE. 300D  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE  
NAME ALBERTO HERNANDEZ  
STREET ADDRESS 11 SAMANA DRIVE  
CITY-ST-ZIP MIAMI FL 33133

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, upon an attachment with an address.

SIGNATURE:

*Alberto Hernandez*

ALBERTO HERNANDEZ 1/7/98 (954) 331-6515

CR2E034 (10/97)