

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90038 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000087064**

1. Corporation Name  
**AMERICAN HEALTH SERVICES, INC.**

Principal Place of Business 7483 NW 4TH ST PLANTATION FL 33317 US	Mailing Address 7483 NW 4TH ST PLANTATION FL 33317 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5040 NW 7 ST.</b>	2a. Mailing Address 26 <b>5040 NW 7 ST.</b>
22 Suite, Apt. #, etc. <b>712</b>	27 Suite, Apt. #, etc. <b>712</b>
23 City & State <b>MIAMI FLORIDA</b>	28 City & State <b>MIAMI FLORIDA</b>
24 Zip Country <b>33126 USA</b>	29 Zip Country <b>33126 USA</b>

3. Date Incorporated or Qualified  
**10/08/1997**

4. FEI Number  
~~65-0532915~~ **65-0803723** 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**HERNANDEZ, ALBERTO**  
**11 SAMANA DR**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEHRMAN, JEFFREY E</b>
STREET ADDRESS	<b>2699 S. BAYSHORE DR., STE. 300D</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, ALBERTO</b>
STREET ADDRESS	<b>11 SAMANA DR</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROSA M. HERNANDEZ</b>
1.3 STREET ADDRESS	<b>11 SAMANA DR.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33133</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa M. Hernandez 1/5/99 305-569-6330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)