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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

DOCUMENT # P9800001161

AMERICAN HEALTH SERVICES OF DADE, INC.

Principal Place of Business 2699 S BAYSHORE DRIVE SUITE 3000 COCONUT GROVE FL 33133

Mailing Address

2699 S BAYSHORE DRIVE SUITE 3000

COCONUT GROVE FL 33133

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90033 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Samana Drive 28 11 Samana Drive 28 11 Samana Drive 28 11 Samana Drive 28 37 5 5 5 5 5 5 5 5 5					01/06/1998			
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Minami Florida 28 Minami Florida 28 Minami Florida Trust Fund Contribution Added to Fe 24 33133 25 U.S.A 29 33133 30 U.S.A 8. This corporation owes the current year intangible Personal Property Tax. Yes D.	<u>. </u>	te	City & State		6. Election Campaign Financing		\$5.00	May Be
Zip Country Zip Country Zip Country Zip Country Again Statutes	Mian	mi FLORIDA	28 MIAMI FLI	DRIDA	Trust Fund Contribution	Ц	Added	to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. OFFICERS AND DIRECTORS 13. Signature, Typed or private Are or inspiration for the provisions of Seydons and their inspiration for th	1			Country	8. This corporation owes the curr	ent year Inta	angible	
Section Sect	1 22:2	33 ₂₅ USA	29 33133 30	USA	Personal Property Tax.		🕍 Yes	□No
LEHRMAN, JEFFREY E 2699 S BAYSHORE DRIVE SUITE 300D COCONUT GROVE FL 33133 11. Pursuant to the provisions of Septions 607.0502 and 607.1508, Florida Statutes, the above-named corporation subhits this statement for the purpose of changing its region of from the provisions of Septions 607.0502 and 607.1508, Florida Statutes, the above-named corporation subhits this statement for the purpose of changing its region of from the provisions of Septions 607.0502 and 607.1508, Florida Statutes, the above-named corporation subhits this statement for the purpose of changing its region of from the corporation's board of directors. I hereby accept the appointment as registed agent, and farmhar with a provision of Cooperation's board of directors. I hereby accept the appointment as registed agent and the if applicable. SIGNATURE Signature. Typed or prime prime of registered agent and the if applicable. (NOTE Registered Appent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1:1 TITLE PRESIDENT Change 1:1 SAMANA DRIVE 2:2 NAME 1:2 NAME 1:3 STREET ADDRESS CITY. ST. ZIP MIAMI FL 33133 DELETE 3:1 TITLE DELETE 3:1 TITLE NAME 2:2 STREET ADDRESS CITY. ST. ZIP DELETE 3:1 TITLE DELETE 3:1 TITLE 1:1 TIT			Registered Agent		10. Name and Address of New F	Registered A	Agent	
Signature, typed or finite plane of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	2699 SUITE COCC 1. Pursuant toffice or reagent. I an	9 S BAYSHORE DRIVE TE 300D CONUT GROVE FL 33133 It to the provisions of Septens 607 0502 registered agent, or both in the State of am familiar with, and accept the colinate	and 607.1508, Florida Statutes Florida, Such change was aut ans Section 607.0505, Florid	82 Street A 22 (83 Street A 22 (84 City)	o Alhambra Cir vite 810 oral Gables	FL.		registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D NAME LEHRMAN, JEFFREY E STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	IGNATURE	Signature, typed or printed pame of registered agent a	and title if applicable. (NOTE Re	gistered Agent signature re	quired when reinstating)	DATE	<i></i>	
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(ROXANA M. HERRERO