

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90116 001 ***300.00

- 5110



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000079262

1. Entity Name
AMERIHEALTH CORP.

Principal Place of Business
3075 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address
3075 NW 107TH AVENUE
MIAMI FL 33172-2134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

5. Certificate of Status Desired

Applied For

Not Applicable

Additional Fee Required

6. Name and Address of Current Registered Agent
AVELLAN, LILIANA V ESQ.
GARCIA & AVELLAN, P.A.
201 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Charles J. Sanchez
Street Address (P.O. Box Number is Not Acceptable)
3075 N.W. 107th Avenue
Miami, FL 33172
City
Miami
Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Charles J. Sanchez
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)

Jan. 12, 2000
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECESPEDES, JORGE 3075 NW 107TH AVENUE MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECESPEDES, CARLOS 3075 NW 107TH AVENUE MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Bertin J. Perez 3075 NW 107 Avenue Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Leo Garcia 3075 NW 107 Avenue Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bertin J. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000
Date

(305) 592-2324
Daytime Phone #