

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086382

1. Entity Name

AMERICAN HEALTH SYSTEMS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91317 026 ***158.75

0191565

Principal Place of Business

6850 CORAL WAY
SUITE 402
MIAMI FL 33155
US

Mailing Address

6850 CORAL WAY
SUITE 402
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #240

City & State

City & State

CORAL GABLES, FL.

Zip

Country

Zip

Country

33134

U.S.A.

4. FEI Number

65-0951595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGULO, ENRIQUE
13737 SW 9 TER
MIAMI FL 33184

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

PD
ANGULO, ENRIQUE
13737 SW 9 TR
MIAMI FL 33184



TITLE
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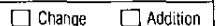
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (305) 740-3325
Date Daytime Phone #

CR2E034 (10/00)