

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90043 043 \*\*\*150.00

**DOCUMENT # V24349**

1. Entity Name  
**ASH HEALTH CORPORATION**



Principal Place of Business  
**5429 FRUITVILLE RD  
SARASOTA, FL 34232 US**

Mailing Address  
**5429 FRUITVILLE RD  
SARASOTA, FL 34232 US**



02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0323744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G.  
1550 RINGLING BLVD.  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RUSSELL, JON T  
STREET ADDRESS 6536 MOORINGS POINT CIR., #202  
CITY-ST-ZIP BRADENTON, FL 34202

TITLE ST  
NAME RUSSELL, KATHERINE V  
STREET ADDRESS 6536 MOORINGS POINT CIR., #202  
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VP  
NAME RUSSELL, BRIAN S  
STREET ADDRESS 4931 LUSTER LEAF LN.  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Katherine V. Russell* Katherine Russell

3/21/05 941-379-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #