

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0323744** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000875066
04/11/08-80017-019 150.00

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 321 148TH CT NE
CITY-ST-ZIP BRADENTON, FL 34212

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 exemptions contained in Chapter 119, 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 V. Russell 3/28/08 941-379-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #