

No. C 160633		Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ASSOCIATION HEALTH CARE MANAGEMENT, INC. BRYN HALL 11111 RICHMOND AVE 2ND FL HOUSTON TX 77082 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MICHAEL RABIE	11111 RICHMOND AVE 2ND FL	HOUSTON	TX	USA	77082	
DIRECTOR	LESTER EUGENE COPE	8590 ARIEL ST.	HOUSTON	TX	USA	77074	
SECRETARY	JOYCE ANCTRICH	11111 RICHMOND AVE 2ND FL	HOUSTON	TX	USA	77082	
PRESIDENT	MICHAEL MAHMOUD RABIE	11111 RICHMOND AVE 2ND FL	HOUSTON	TX	USA	77082	
TREASURER	OMAR KASANI	11111 RICHMOND AVE 2ND FL	HOUSTON	TX	USA	77082	
5. Organized Under the Laws of: TX C 160633		6. Annual Report must be signed.* Signature: Bryn Hall Name (type or print): Bryn Hall					
		Date: 03/15/2010 Title: Attorney					
Processed 03/15/2010		* Electronically provided signatures are accepted as original signatures.					