# Kentucky Secretary of State Annual Report

## This Annual Report was submitted electronically

**Company** AMERICAN HEALTH CARE PARTNERSHIP, INC.

**Company ID** 0521291.09.99999 **Date Filed** 1/31/2006 5:44:27 PM

**Fee** \$15.00

### Principal Office

## **Registered Agent**

5281 FOUNTAIN DRIVE SUITE A CROWN POINT, IN 46307 NATIONAL REGISTERED AGENTS, INC. 400 WEST MARKET ST. SUITE 1800 LOUISVILLE, KY 40202

#### **Officers**

President Jonathan Javors	5281 Fountain Drive Crown Point, IN 46307
---------------------------	---

#### **Directors**

Director	Jay Javors	5281 Fountain Drive Suite A Crown Point, IN 46307
Director	Donald Levinson	5281 Fountain Drive Suite A Crown Point, IN 46307
Director	Thomas McDermott	5281 Fountain Drive Suite A Crown Point, IN 46307
Director	Phil Sheridan	5281 Fountain Drive Suite A Crown Point, IN 46307

# **Signatures**

**Signature** Jonathan Javors

Title President