## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## 564944 DOCUMENT #

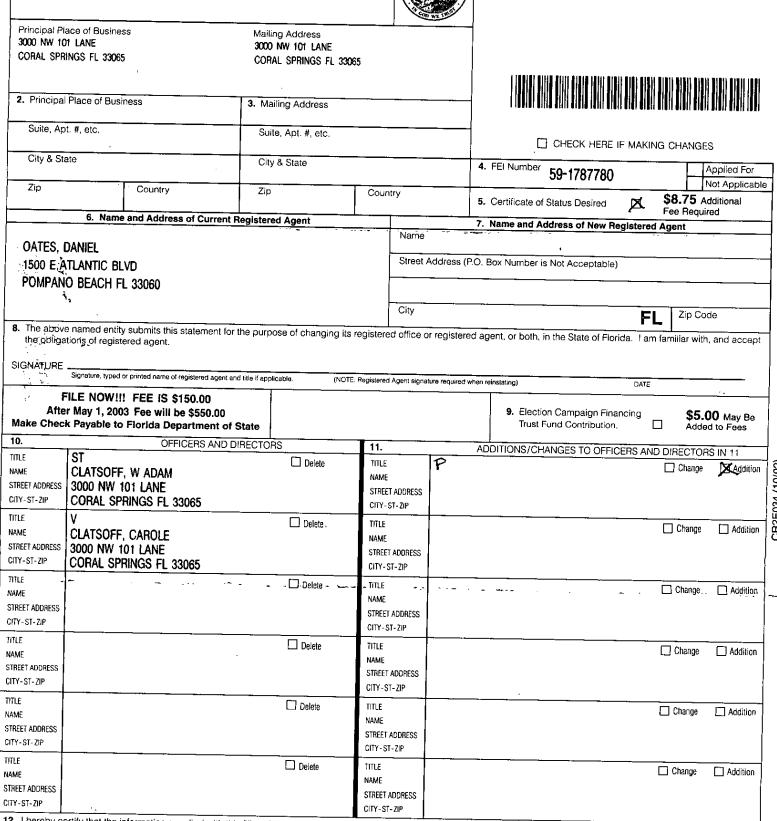
1. Entity Name



ADCAHB MEDICAL COVERAGES, INC. Mailing Address 3000 NW 101 LANE CORAL SPRINGS FL 33065



01-21-2003 90136 008 \*\*\*158.75



12. I hereby certify that the information supplied with this filling 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

Daytime Phone #