2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90011 005 ***150.00

DOCUMENT # F53522

1. Entity Name
APPROVED HEALTH AND LIFE SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3332 GRIFFIN RD APARTMENT #106 FT LAUDERDALE, FL 33312 US	3332 GRIFFIN RD APARTMENT #106 FT LAUDERDALE, FL 33312 US

01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3201 GRIFFIN ROAD		3201 GRIFFIN ROAD	
Suite, Apt. #, etc.: SUITE #204		Suite, Apt. #, etc.: SUITE #204	
City & State: FORT LAUDERDALE, FL		City & State: FORT LAUDERDALE, FL	
Zip: 33312-6900	Country: US	Zip: 33312-6900	Country: US

4. FEI Number: 59-2147111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAMOND, BENJAMIN ALAN
3332 GRIFFIN ROAD
FORT LAUDERDALE, FL 33362-5519

7. Name and Address of New Registered Agent

Name: DIAMOND, BENJAMIN ALAN
Street Address (P.O. Box Number is Not Acceptable): 3201 GRIFFIN ROAD, STE 204
City: FT LAUDERDALE **FL** Zip Code: 33312-6900

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] DATE 2-3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAMOND, BENJAMIN A. 3332 GRIFFIN ROAD FORT LAUDERDALE, FL 19	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAMOND, BENJAMIN A. 3201 GRIFFIN ROAD, STE 204 FORT LAUDERDALE, FL 33312-6900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Date: 2-3-04 Daytime Phone #: 954-981-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR