2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90033 026 ***150.00

DOCUMENT # F53522

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

Principal Place of Business	Mailing Address
3201 GRIFFIN ROAD SUITE 204 FT LAUDERDALE, FL 33312 US	3201 GRIFFIN ROAD SUITE 204 FT LAUDERDALE, FL 33312 US

01192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
10981 W. BROWARD BLVD		PO BOX 652308	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PLANTATION, FL		City & State: MIAMI, FL	
Zip: 33324	Country: USA	Zip: 33265-2308	Country: USA

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
3201 GRIFFIN ROAD
SUITE 204
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name: BENJAMIN ALAN DIAMOND
Street Address (P.O. Box Number is Not Acceptable): 10981 W. BROWARD BLVD
City: PLANTATION FL Zip Code: 33324

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] 02-15-06
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, 2006 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	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DIAMOND, BENJAMIN A.		NAME	
STREET ADDRESS	3201 GRIFFIN ROAD, STE 204		STREET ADDRESS	10981 W. BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 02-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #