


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000085413
 1. Entity Name
AMERICA'S HEALTH CHOICE OF PALM BEACH, INC.



Principal Place of Business Mailing Address
 1175 SOUTH US HWY. 1 1175 SOUTH US HWY. 1
 VERO BEACH, FL 32962 VERO BEACH, FL 32962



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1042409 Not Applicable

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

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
 100 WEST CYPRESS CREEK ROAD
 SUITE 700
 FT. LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000344884
 04/30/05-80014-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO JANKE, WALTER 1175 S. US HWY 1 VERO BEACH, FL 32962 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO JANKE, LALITA 1175 S. US HWY 1 VERO BEACH, FL 32962 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Walter H. Janke, MD** 04-26-05 772-410-0276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #