


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000085413
 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

DO NOT WRITE IN THIS SPACE



08282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1042409	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

U00000575665
 08/30/06-80003-020 550.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: _____ *[Signature]* **8/28/06** **772-744-0030**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #