

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0085555

DOCUMENT # P00000085425

1. Entity Name
AMERICA'S HEALTH CHOICE OF BROWARD, INC.

04-16-2001 90041 035 ***150.00

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **1042395**
65-0877908 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD ET AL.
100 WEST CYPRESS CREEK ROAD SUITE 700
FT LAUDERDALE FL 33309

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKE, WALTER	NAME	
STREET ADDRESS	20423 STATE RD 7 SUITE 103 1175 S. US HWY 1	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428 VERO BEACH, FL, 32962	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LALITA JANKE
STREET ADDRESS		STREET ADDRESS	1175 S. US HWY 1
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL, 32962
TITLE	<input type="checkbox"/> Delete	TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MUSE ALFORD
STREET ADDRESS		STREET ADDRESS	1175 S. US HWY 1
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL, 32962
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBERT FAY
STREET ADDRESS		STREET ADDRESS	1175 S. US HWY 1
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL, 32962
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WILLIAM JORDAN
STREET ADDRESS		STREET ADDRESS	1175 S. US HWY 1
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL, 32962
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **561-794-0030**

CR2E034 (10/00)