


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 05 1997 8:00am
Secretary of State**

NON-PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 796000046650
1. Corporation Name
AMERICA'S HEALTH CHOICE, INC.

Principal Place of Business Mailing Address
7901 RON BEATTY BLVD. SEBASTIAN, FL 32968 **7901 RON BEATTY BLVD. SEBASTIAN, FL 32968**

3. Date Incorporated or Qualified **6/3/96** 3a. Date of Last Report
4. FEI Number **59-3371483** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BARRY S. GARCIA, D.O.
9301 NORTH STATE ROAD A1A
VERO BEACH, FL 32963**

10. Name and Address of New Registered Agent
61 Name **GREGORY J. BLODIG, ESQ.**
62 Street Address (P.O. Box Number is Not Acceptable) **GREENSPOON, MARDER ET AL.**
63 **100 W. CYPRESS CREEK RD., STE. 700**
64 City **FT. LAUDERDALE FL** 65 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *Gregory J. Blodig* DATE **2-13-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRY S. GARCIA, D.O.	
STREET ADDRESS	C/O 7901 RON BEATTY BLVD.	
CITY-ST-ZIP	SEBASTIAN, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WALTER JANKE, M.D.	
13 STREET ADDRESS	23123 STATE ROAD 7, SUITE 103	
14 CITY-ST-ZIP	BOCA RATON, FL 33428	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	500002105405	
54 CITY-ST-ZIP	-03/05/97--01073--015	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	***165.00	
64 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/17/97** DAYTIME PHONE: **561-852-6500**

CR2E034 (9/96)