

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P960004650*
 1. Entity Name
AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.

Principal Place of Business: **23123 STATE ROAD 7 SUITE 100 BOCA RATON, FL 33428**
 Mailing Address: **23123 STATE ROAD 7 SUITE 100 BOCA RATON, FL 33428**

FILED
 01 SEP -6 AM 11: 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business: **1175 S. US HWY. 1**
 Suite, Apt. #, etc.

3. Mailing Address: **1175 S. US HWY. 1**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **VERO BEACH, FL** City & State: **VERO BEACH, FL** 4. FEI Number: **65-0877908** Applied For: Not Applicable

Zip: **32962** Country: **US** Zip: **32962** Country: **US** 5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent: **BLODIG, GREGORY J. ESQ. GREENSPOON, MARDER ET AL 100 W. CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent: 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)

POSTED **FILED** **600004602896--9**
 -09/20/01--01073--012
 *****61.25 *****61.25

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE: PSTD NAME: JANKE, WALTER STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | TITLE: CEODP NAME: JANKE, WALTER STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V NAME: JANKE, LALITA STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | TITLE: GOODST NAME: JANKE, LALITA STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: CFO NAME: ALFORD, MUSE STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: D NAME: FAY, ROBERT STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: D NAME: JUNDEN, WILLIAM STREET ADDRESS: 1175 S. US HWY. 1 CITY-ST-ZIP: VERO BEACH, FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)