PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOMORISES

1. Corporation	A'S HEALTH CHOICE HOLD							
Principal Place	e of Business	Mailing Address			- 118671401 UD 18101 1811; B DIN D&UL DAIL	14 1618) state estis	E1710 E111 1991	
23123 STATE ROAD 7 23123 STATE ROAD 7								
SUITE 103	iono /	SUITE 103						
BOCA RATON FL 33428 BOCA RATON FL 33428					DO NOT WRITE IN THIS SPACE			
• •	•				3. Date incorporated or Qualified 09/21/1998			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apı	plied For		
21 26				65-0864121	No	Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
27		27				Fae Re		ت
City & State City & State		City & State			6. Election Campaign Financing	\$5.00		
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution Added to Fees			
Zip 24			Country	Country 8. This corporation owes the current year In Personal Property Tax.		ntangible Yes No		
	9. Name and Address of Current			··	10. Name and Address of New Registered	Agent		
	•		81	Name			-	
BLODIG, GREGORGY J ESQ. GREENSPOON, MARDER, HIRSCHFELD			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
100	WEST CYPRESS CREEK RD., SU	ITTE 700	83					
	AUDERDALE FL 33309							
			84	City	· Fi			
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	named corpo	mation submits this statement for the purpose of	f changing its	registered	
office of to	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized by to	the corporation	oration submits this statement for the purpose on a board of directors. I hereby accept the appoint	pintment as reg	ristered	
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		(a) (a) (b) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a						
SIGNATURE	Signature, typed or printed name of registered agent			t signature required	when reinstating) DATE			ć
SIGNATURE	•	and title if applicable. (NOTE: F	Registered Agent			ND DIRECTO	R5 IN 12	100
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	13.		when reinstating) DATE			1000
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D JANKE, WALTER	and the if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME	signature required	when reinstating) DATE	ND DIRECTO	R5 IN 12	1001111100
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D JANKE, WALTER 23123 STATE ROAD 7 SUITE 1	and the if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	when reinstating) DATE	ND DIRECTO	R5 IN 12	COST TO TOOLS
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D JANKE, WALTER	and the if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST	t signature required	when reinstating) DATE	ND DIRECTO	RS IN 12	CONTRACTOR CONTRACTOR
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CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 open attachment with an address, with all other like empowered.

SIG	NI	ITA	IRE.

(56) 852-6500

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90221 005 ***150.00