

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

0075140  
 AV

**DOCUMENT # P98000098349**

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

08-21-2001 90030 024 \*\*\*550.00

Principal Place of Business  
**23123 STATE ROAD 7**  
**SUITE 103**  
**BOCA RATON FL 33428**

Mailing Address  
**23123 STATE ROAD 7**  
**SUITE 103**  
**BOCA RATON FL 33428**



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**  
 Zip  
**32962**  
 Country  
**US**

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**US**

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

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

6. Name and Address of Current Registered Agent  
**BLODIG, GREGORY J ESQ.**  
**GREENSPOON, MARDER, HIRSCHFIELD, P.A.**  
**100 WEST 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 if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 <del>PSTD</del>	<input type="checkbox"/> Delete	TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JANKE, WALTER</b>		NAME <b>1175 S. US HWY 1</b>	
STREET ADDRESS <del>23123 STATE ROAD 7, SUITE 103</del>		STREET ADDRESS <b>VERO BEACH, FL, 32962</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33428</b>		CITY-ST-ZIP <b>VERO BEACH, FL, 32962</b>	
TITLE <del>Y</del>	<input type="checkbox"/> Delete	TITLE <b>COO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JANKE, LALITA</b>		NAME <b>1175 S. US HWY 1</b>	
STREET ADDRESS <del>23123 STATE ROAD 7, SUITE 103</del>		STREET ADDRESS <b>VERO BEACH, FL, 32962</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33428</b>		CITY-ST-ZIP <b>VERO BEACH, FL, 32962</b>	
TITLE <del>CHIEF FINANCIAL OFFICER</del>	<input type="checkbox"/> Delete	TITLE <b>CHIEF FINANCIAL OFFICER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MUSE W. ALFORD</b>		NAME <b>1175 S. US HWY 1</b>	
STREET ADDRESS <b>1175 S. US HWY 1</b>		STREET ADDRESS <b>VERO BEACH, FL, 32962</b>	
CITY-ST-ZIP <b>VERO BEACH, FL, 32962</b>		CITY-ST-ZIP <b>VERO BEACH, FL, 32962</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Bob Fay</b>	
STREET ADDRESS		STREET ADDRESS <b>4750 N.E. 26th Ave</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33308</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Bill Jordan</b>	
STREET ADDRESS		STREET ADDRESS <b>1855 34th Ave</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>	
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 REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)