


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90174 030 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000098349							
1. Entity Name AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.							
Principal Place of Business 1175 S. US HWY 1 VERO BEACH, FL 32962 US		Mailing Address 1175 S. US HWY 1 VERO BEACH, FL 32962 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	03312004 Chg-P CR2E034 (10/03)			
4. FEI Number 65-0877908				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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, HIRSCHFIELD, P.A. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE	CEO P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANKE, WALTER		NAME	Janke, Walter			
STREET ADDRESS	1175 S. US HWY 1		STREET ADDRESS	1175 S. US Hwy 1			
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	Vero Beach FL 32962			
TITLE	ST	<input type="checkbox"/> Delete	TITLE	COO S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANKE, LALITA		NAME	Janke, Lalita			
STREET ADDRESS	1175 S. US HWY 1		STREET ADDRESS	1175 S. US Hwy 1			
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	Vero Beach FL 32962			
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ALFORD, MUSE J		NAME				
STREET ADDRESS	1175 S. US HWY 1		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FAY, BOB		NAME				
STREET ADDRESS	4750 N.E. 26TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JORDAN, BILL		NAME				
STREET ADDRESS	1855 34TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOWER, JOHN		NAME				
STREET ADDRESS	2200 S. OCEAN LANE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		Walter H. Janke, MD 0419-04 772-410-1101					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #				

94069221

