

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098349

FILED  
May 10, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1175 S. US HWY 1  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

1175 S. US HWY 1  
VERO BEACH, FL 32962 US

**New Mailing Address:**

FEI Number: 65-0877908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: JANKE, WALTER  
Address: 1175 S. US HWY 1  
City-St-Zip: VERO BEACH, FL 32962

Title: COOS ( ) Delete  
Name: JANKE, LALITA  
Address: 1175 S. US HWY 1  
City-St-Zip: VERO BEACH, FL 32962

Title: CFO ( ) Delete  
Name: ALFORD, MUSE J  
Address: 1175 S. US HWY 1  
City-St-Zip: VERO BEACH, FL 32962

Title: D ( ) Delete  
Name: FAY, BOB  
Address: 4750 N.E. 26TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: JORDAN, BILL  
Address: 1855 34TH AVE.  
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete  
Name: BAUER, JOHN  
Address: 2200 S. OCEAN LANE  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER JANKE

P

05/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date