


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 564944</b> 1. Entity Name ADCAHB MEDICAL COVERAGES, INC.	
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Principal Place of Business 3000 NW 101 LANE CORAL SPRINGS, FL 33065	Mailing Address 3000 NW 101 LANE CORAL SPRINGS, FL 33065
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1787780	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  OATES, DANIEL 1500 E ATLANTIC BLVD POMPANO BEACH, FL 33060
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLATSOFF, W ADAM 3000 NW 101 LANE CORAL SPRINGS, FL 33065
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U000000036680  
02/06/04-80067-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/2/04 954-753-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #