
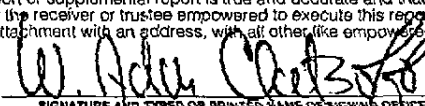
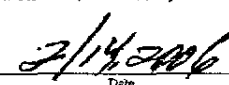


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 564944 1. Entity Name ADCAHB MEDICAL COVERAGES, INC.		
Principal Place of Business 3000 NW 101 LANE CORAL SPRINGS, FL 33065	Mailing Address 3000 NW 101 LANE CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OATES, DANIEL 1500 E ATLANTIC BLVD POMPANO BEACH, FL 33060		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLATSOFF, WADAM 3000 NW 101 LANE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLATSOFF, CAROLE 3000 NW 101 LANE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date:  <small>Date</small> <small>Daytime Phone #</small>



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1787780

Applied For
Not Applicable

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

U00000445696
03/07/06-80058-024 158.75

**DO NOT WRITE
IN THIS SPACE**