

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 613567

1. Entity Name

ACCIDENT AND HEALTH AGENCY OF FLORIDA, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90049 042 ***150.00

Principal Place of Business 1013 LUCERNE AVENUE, 2ND FLOOR LAKE WORTH FL 33460 US	Mailing Address 1013 LUCERNE AVENUE, 2ND FLOOR LAKE WORTH FL 33460 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Not 2nd floor now suite 201	Suite, Apt. #, etc. → Same Suite 201
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1898682	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANKAMYER, MICHELE L. 1013 LUCERNE AVENUE, 2ND FLOOR LAKE WORTH FL 33460

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Not 2nd floor, now suite 201 City FL Zip Code
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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 <i>Michele L. Mankamy</i> Michele L. Mankamy 4-3-01 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUSE, CRAIG E. 1013 LUCERNE AVE 2ND FLR LAKE WORTH, FL 00000 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	not 2nd floor now Suite 201 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MANKAMYER, MICHELE 1013 LUCERNE AVE 2ND FLR LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mankamyer not 2nd floor, now suite 201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Michele L. Mankamy</i> Michele Mankamy 4-3-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	547-2003 Daytime Phone #
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CR2E034 (10/00)