

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000013231

FILED
Apr 08, 2003
Secretary of State

Entity Name: AMERICAN CHOICE HEALTHCARE, L.L.C.

Current Principal Place of Business:

2200 WEST COMMERCIAL BLVD., STE. #207
FT LAUDERDALE, FL 33309

New Principal Place of Business:

2200 W COMMERCIAL BLVD.
SUITE 207
FT LAUDERDALE, FL 33309

Current Mailing Address:

2200 WEST COMMERCIAL BLVD., STE. #207
FT LAUDERDALE, FL 33309

New Mailing Address:

2200 W COMMERCIAL BLVD.
SUITE 207
FT LAUDERDALE, FL 33309

FEI Number: 27-0014402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, STE. #300
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

COHEN, JAY L
2200 W COMMERCIAL BLVD.
SUITE 207
FORT LAUDERDALE, FL 33309 US

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: JAY L COHEN

04/08/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: COHEN, JAY L
Address: 3102 NW 63RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Change (X) Addition
Name: DROOKER, STEVEN
Address: 303 GREENWOOD
City-St-Zip: NEWTON, MA 02459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAY L COHEN

MGR

04/08/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date