

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085425

1. Entity Name

AMERICA'S HEALTH CHOICE OF BROWARD, INC.

Principal Place of Business

1175 SOUTH US HWY 1
VERO BEACH FL 32962

Mailing Address

1175 SOUTH US HWY 1
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

1042395
65-0877908

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD ET AL.
100 WEST CYPRESS CREEK ROAD SUITE 700
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



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.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
NAME JANKE, WALTER
STREET ADDRESS **23123 STATE RD 7 SUITE 103 1175 S. US HWY 1**
CITY-ST-ZIP **BOCA RATON FL 33428 VERO BEACH, FL, 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **COO**
STREET ADDRESS **LALITA JANKE**
CITY-ST-ZIP **1175 S. US HWY 1**
VERO BEACH, FL, 32962

TITLE ☐ Change ☒ Addition
NAME **CFO**
STREET ADDRESS **MUSE ALFORD**
CITY-ST-ZIP **1175 S. US HWY 1**
VERO BEACH, FL, 32962

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **ROBERT FAY**
CITY-ST-ZIP **1175 S. US HWY 1**
VERO BEACH, FL, 32962

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **WILLIAM JORDAN**
CITY-ST-ZIP **1175 S. US HWY 1**
VERO BEACH, FL, 32962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-794-0030

0085555

CR2E034 (10/00)