

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90195 035 \*\*\*158.75

**DOCUMENT # P00000096954**

1. Entity Name  
**AFFORDABLE HEALTHCARE, INC.**

Principal Place of Business Mailing Address

P.O. BOX 290057 P.O. BOX 290057  
 FT. LAUDERDALE FL 33329-0057 FT. LAUDERDALE FL 33329-0057

**00053216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **PO Box 550128** 3. Mailing Address **PO Box 550128**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **FT Lauderdale FL** City & State **FT Lauderdale FL**

Zip **33355-0128** Country **USA** Zip **33355-0128** Country **USA**

4. Fil Number **65-1048374** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, GLENN R**  
**4251 SW 54 AVE.**  
**FT. LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent

Name **CLARK, GLENN R**  
 Street Address (P.O. Box Number is Not Acceptable) **420 SW 175 TERR**  
**FT Lauderdale FL 33325**

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: **GLENN R. CLARK** *Glenn R. Clark* **4-20-01**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, GLENN R P.O. BOX 290057 550128 FT. LAUDERDALE FL 33329-0057 33355-0128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Glenn R. Clark* **GLENN R. CLARK** **4-20-01** **954-424-0470**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)