

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 P.O. BOX 290057 FT. LAUDERDALE FL 33329-0057	Mailing Address P.O. BOX 290057 FT. LAUDERDALE FL 33329-0057
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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	4. Fil Number 65-1048374	Applied For Not Applicable
Zip 33355-0128	Country USA	Zip 33355-0128	Country USA

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* DATE **4-20-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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* DATE **4-20-01** Daytime Phone # **954-424-0470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)