

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119582

FILED
Apr 05, 2004
Secretary of State

Entity Name: AFFORDABLE MEDICAL PLANS, INC.

Current Principal Place of Business:

1300 CORPORATE CENTER WAY, #103
WELLINGTON, FL 33414

New Principal Place of Business:

1901 SHOWER TREE WAY
WELLINGTON, FL 33414

Current Mailing Address:

1300 CORPORATE CENTER WAY, #103
WELLINGTON, FL 33414

New Mailing Address:

1901 SHOWER TREE WAY
WELLINGTON, FL 33414

FEI Number: 01-0553484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUPFRIAN, PAUL C
1901 SHOWER TREE WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUPFRIAN, PAUL C
Address: 1901 SHOWER TREE WAY
City-St-Zip: WELLINGTON, FL 33414

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUPFRIAN, PAUL C
Address: 1901 SHOWER TREE WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Change (X) Addition
Name: HUTT, MARK R
Address: 8891 OKEECHOBEE BLVD APT#103
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Change (X) Addition
Name: KUPFRIAN, BRIAN
Address: 797 COTTON BAY DRIVE WEST #1013
City-St-Zip: WEST PALM BEACH, FL 33406

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C. KUPFRIAN

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04/05/2004

Electronic Signature of Signing Officer or Director

Date