2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P02000034420

Entity Name: AMERICAN HEALTH CHOICE, INC.

Current Principal Place of Business:

3401 NW 82 AVENUE
350
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

16852 SOUTHWEST 148TH AVENUE
MIAMI, FL 33187

New Mailing Address:

FEI Number: 03-0420947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIGUEL A CRUZ
3401 NW 82 AVE
SUITE 350
DORAL, FL 33122 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: PSD ( ) Delete
Name: CRUZ, MIGUEL A
Address: 16852 SOUTHWEST 148TH AVENUE
City-St-Zip: MIAMI, FL 33187

Title: VTD ( ) Delete
Name: CRUZ, CONSUELO P
Address: 16852 SOUTHWEST 148TH AVENUE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CONSUELO CRUZ VP 03/27/2009

Electronic Signature of Signing Officer or Director — Date