

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000042908

FILED  
Feb 04, 2003  
Secretary of State

**Entity Name:** AMERICAN MEDICAL HEALTH ALLIANCE INC.

**Current Principal Place of Business:**

1784 PRIMROSE LANE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1784 PRIMROSE LANE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 03-0429454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, DAVID  
1784 PRIMROSE LANE  
WELLINGTON, FL 33414

**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: P ( ) Delete  
Name: LEFKOWITZ, DAVID  
Address: 1784 PRIMROSE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete  
Name: LEFKOWITZ, CHRISTINE  
Address: 1784 PRIMROSE LANE  
City-St-Zip: WELLINGTON, FL 33414

**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 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:** DAVID LEFKOWITZ

P

02/04/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date