

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107996

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: AFFORDABLE HEALTH CHOICE, INC.

## Current Principal Place of Business:

10450 WEST MC NAB  
TAMARAC, FL 33321

## New Principal Place of Business:

4300 N. UNIVERSITY DR.  
F 203  
LAUDERHILL, FL 33351

## Current Mailing Address:

10450 WEST MC NAB  
TAMARAC, FL 33321

## New Mailing Address:

4300 N. UNIVERSITY DR.  
F 203  
LAUDERHILL, FL 33351

FEI Number: 90-0191815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARTANIS, PAUL  
10450 W. MC NAB  
TAMARAC, FL 33321 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: P ( ) Delete  
Name: CORLISS, BRADLEY  
Address: 10450 W. MC NAB  
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete  
Name: ARTANIS, PAUL  
Address: 10450 W. MC NAB  
City-St-Zip: TAMARAC, FL 33321

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ARTANIS, PAUL  
Address: 4300 N. UNIVERSITY DR. F- 203  
City-St-Zip: LAUDERHILL, FL 33351

Title: D ( ) Change (X) Addition  
Name: ARTANIS, SANDRA  
Address: 4300 N. UNIVERSITY DR. F- 203  
City-St-Zip: LAUDERHILL, FL 33351

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 ARTANIS

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date