## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P04000107996

4300 N. UNIVERSITY DR. F- 203

LAUDERHILL, FL 33351

Address: City-St-Zip:

FILED Apr 01, 2007 Secretary of State

Entity Name: AFFORDABLE HEALTH CHOICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 4300 N. UNIVERSITY DR. F 203 LAUDERHILL, FL 33351 **New Mailing Address: Current 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: Name and Address of New Registered Agent: ARTANIS, PAUL ARTANIS AND ASSOCIATES 4300 N. UNIVERSITY DRIVE 4300 N. UNIVERSITY DRIVE F-203 F-203 LAUDERHILL, FL 33351 US LAUDERHILL, FL 33351 US 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: SANDRA ARTANIS 04/01/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CORLISS, BRADLY Name: Name: 4300 N. UNIVERSITY DRIVE Address: Address: City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip: Title: VΡ ( ) Delete Title: (X) Change ( ) Addition ARTANIS AND ASSOCIAT. ES Name: ARTANIS, PAUL Name: 4300 N. UNIVERSITY DR. F- 203 4300 N. UNIVERSITY DR. F- 203 Address: Address: LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 City-St-Zip: City-St-Zip: (X) Delete Title: Title: () Change () Addition ARTANIS, SANDRA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

VΡ SIGNATURE: SANDRA ARTANIS 04/01/2007