

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132034

FILED
Jul 03, 2007
Secretary of State

Entity Name: AFFORDABLE HEALTH SERVICES, INC.

Current Principal Place of Business:

1868 NORTH UNIVERSITY DRIVE
301
PLANTATION, FL 33322

Current Mailing Address:

1868 NORTH UNIVERSITY DRIVE
301
PLANTATION, FL 33322

New Principal Place of Business:

1096 EAST NEWPORT CENTER DRIVE
100
DEERFIELD BEACH, FL 33442

New Mailing Address:

1096 EAST NEWPORT CENTER DRIVE
100
DEERFIELD BEACH, FL 33442

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGALL, ADAM
1868 NORTH UNIVERSITY DRIVE
301
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

SEGALL, ADAM
1096 EAST NEWPORT CENTER DRIVE
100
DEERFIELD BEACH, FL 33442 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:

07/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGALL, ADAM
Address: 1868 NORTH UNIVERSITY DRIVE #301
City-St-Zip: PLANTATION, FL 33322

Title: VP () Delete
Name: SEGALL, ADAM
Address: 1868 NORTH UNIVERSITY DRIVE #301
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEGALL, ADAM
Address: 1096 EAST NEWPORT CENTER DRIVE SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP (X) Change () Addition
Name: SEGALL, ADAM
Address: 1096 EAST NEWPORT CENTER DRIVE SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ADAM SEGALL

P

07/03/2007

Electronic Signature of Signing Officer or Director

Date