2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
04-28-2008 90396 036 ***150.00

4

DOCUMENT # P07000006482

1. Entity Name
AFFORDABLE HEALTH SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1868 N. UNIVERSITY DRIVE SUITE 301 SUNRISE, FL 33322 US	1868 N. UNIVERSITY DRIVE SUITE 301 SUNRISE, FL 33322 US
2. Principal Place of Business - No P.O. Box # 5717 NW 125th AVE	3. Mailing Address 5717 NW 125th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CORAL SPRINGS, FL.	City & State CORAL SPRINGS, FL
Zip 33076 Country USA	Zip 33076 Country USA

04212008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8240762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISS, STUART J 1868 N. UNIVERSITY DRIVE SUITE 301 SUNRISE, FL 33322	Name WEISS, STUART J. Street Address (P.O. Box Number is Not Acceptable) 5717 NW 125TH AVE City CORAL SPRINGS FL Zip Code 33076

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stuart J. Weiss 4/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, STUART J 1868 N. UNIVERSITY DRIVE SUITE 301 SUNRISE, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, STUART J 5717 NW 125TH AVE CORAL SPRINGS, FL 33076	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart J. Weiss STUART J. WEISS 4/23/08 954-612-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #