


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 05 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 796000046650 1. Corporation Name AMERICA'S HEALTH CHOICE, INC.					
Principal Place of Business 7901 RON BEATTY BLVD. SEBASTIAN, FL 32968		Mailing Address 7901 RON BEATTY BLVD. SEBASTIAN, FL 32968			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 6/3/96 3a. Date of Last Report 6/3/96 4. FEI Number 59-3371483 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BARRY S. GARCIA, D.O. 9301 NORTH STATE ROAD A1A VERO BEACH, FL 32963			10. Name and Address of New Registered Agent 61 Name GREGORY J. BLODIG, ESQ. 62 Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER ET AL. 63 100 W. CYPRESS CREEK RD., STE. 700 64 City FT. LAUDERDALE FL 65 Zip Code 33309		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Barry S. Garcia</i> DATE 2-13-97 <small>Signature is typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME BARRY S. GARCIA, D.O. STREET ADDRESS C/O 7901 RON BEATTY BLVD. CITY-ST-ZIP SEBASTIAN, FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WALTER JANKE, M.D. 1.3 STREET ADDRESS 23123 STATE ROAD 7, SUITE 103 1.4 CITY-ST-ZIP BOCA RATON, FL 33428 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 500002105405 5.3 STREET ADDRESS -03/05/97--01073--015 5.4 CITY-ST-ZIP ***165.00 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address.					

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)