

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90041 040 ***150.00

DOCUMENT # P96000046650

1. Entity Name

AMERICA'S HEALTH CHOICE INC. MEDICAL PLANS, INC.

No Name Change Filed (TM)

Principal Place of Business

Mailing Address

7001 RON BEATTY BLVD.
SEBASTIAN FL 32908

7001 RON BEATTY BLVD.
SEBASTIAN FL 32908

2. Principal Place of Business

1175 S. U.S. Hwy 1

Suite, Apt. #, etc.

3. Mailing Address

1175 S. U.S. Hwy 1

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

Country

32962

Invoic. Return

Zip

Country

32962

Invoic. Return

4. FEI Number

59-3371483

65-0877908

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

BLODIG, GREGORY J ESQ
GREENSPOON, MARDER ET AL.
100 W. CYPRESS CREEK RD., STE 700
FT. LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPST CEO**
STREET ADDRESS **JANKE, WALTER M.D.**
CITY-ST-ZIP **20120 STATE ROAD 7, SUITE 103 1175 S. U.S. Hwy 1**
BOCA RATON FL 33428 VERO BEACH, FL 32962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **COO**
STREET ADDRESS **LALITA JANKE**
CITY-ST-ZIP **1175 S. US HWY 1**
VERO BEACH, FL 32962

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CFO**
STREET ADDRESS **MUSE ALFORD**
CITY-ST-ZIP **1175 S. US HWY 1**
VERO BEACH, FL 32962

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ROBERT FAY - DIRECTOR**
STREET ADDRESS **1175 S. US HWY 1**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **WILLIAM JORDON - DIRECTOR**
STREET ADDRESS **1175 S. US HWY 1**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-794-0030

CR2E034 (10/00)