

2001 UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # P96000046650 AMENDED | |
| 1. Entity Name AMERICA'S HEALTH CHOICE, INC. | |
| Principal Place of Business 1175 S. US Hwy. 1 Vero Beach, FL 32962 | Mailing Address 1175 S. US Hwy. 1 Vero Beach, FL 32962 |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 PM 1:05

2001 AMENDED UBR

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|--|--------------------------------------|
| 4. FEL Number 650877908 593371483 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent Blodig, Gregory J. Esq. Greenspoon, Marder et al 100 W. Cypress Creek Road, Ste. 700 Ft. Lauderdale, FL 33309 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | 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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO Janke, Walter 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Janke, Walter 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP COO Janke, Lalita 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP STD Janke, Lalita 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO Alford, Muse 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Fay, Robert 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 200004609752--1 -09/25/01--01020--005 *****61.25 *****61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Junden, William 1175 S. US Hwy. 1 Vero Beach, FL 32962 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP SP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 # _____

CR2E034 (11/00)