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May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000062061 (1)

1. Corporation Name  
APPLE MEDICAID ELIGIBILITY, INC.



Principal Place of Business: 7820 PETERS ROAD, STE. E-103 PLANTATION FL 33324  
Mailing Address: 7820 PETERS ROAD, STE. E-103 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

|   |                 |   |                 |   |  |
|---|-----------------|---|-----------------|---|--|
| 2. Principal Place of Business  |                 | 2a. Mailing Address   |                 | 3. Date Incorporated or Qualified                       |  |
| 21  | 101 N. Ocean Dr | 26  | 101 N. Ocean Dr | 07/17/1997  |  |
| Suite, Apt. #, etc.   |                 | Suite, Apt. #, etc.   |                 | 4. FEI Number   |  |
| 22  | Suite 208       | 27  | Suite 208       | 65-0770508  |  |
| City & State  |                 | City & State  |                 | Applied For   |  |
| 23  | Hollywood, FL   | 28  | Hollywood, FL   | Not Applicable  |  |
| 24  | Zip 33019       | 29  | Zip 33019       | 5. Certificate of Status Desired                        |  |
| 25  | Country U.S.A.  | 30  | Country U.S.A.  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 9. Name and Address of Current Registered Agent   |                 | 10. Name and Address of New Registered Agent                              |                 |   |  |
| BAUMAN, DAVID M<br>7820 PETERS ROAD, STE. E-103<br>PLANTATION FL 33324  |                 | 81 Name Joseph Brien, Esq.  |                 |   |  |
|   |                 | 82 Street Address (P.O. Box Number is Not Acceptable)<br>1909 Harrison St |                 |   |  |
|   |                 | 83 Suite 212  |                 |   |  |
|   |                 | 84 City Hollywood FL 85 Zip Code 33020                                    |                 |   |  |
| 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   |                 | Joseph Brien  |                 | 1/14/98   |  |
| Signature of registered agent and title, if applicable  |                 | (NOTE: Registered Agent signature required when reinstating)              |                 | DATE  |  |

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|-------------------------|---|------------------------|
| TITLE                      | D                       | 1.1 TITLE   | P/C                    |
| NAME                       | KAHN, JAMES W           | 1.2 NAME  | KAHN, JAMES W          |
| STREET ADDRESS             | 101 N. OCEAN DR., #208A | 1.3 STREET ADDRESS                                    | 101 N. OCEAN DR., #208 |
| CITY-ST-ZIP                | HOLLYWOOD FL 33019      | 1.4 CITY-ST-ZIP                                       | HOLLYWOOD, FL 33019    |
| TITLE                      |                         | 2.1 TITLE   | V/D                    |
| NAME                       |                         | 2.2 NAME  | DOMBROSKI, DAVID M     |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    | 101 N OCEAN DR., #208  |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       | HOLLYWOOD, FL 33019    |
| TITLE                      |                         | 3.1 TITLE   | D                      |
| NAME                       |                         | 3.2 NAME  | KAHN, DIANA O          |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    | 12201 SW 100 ST        |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       | MIAMI, FL 33186        |
| TITLE                      |                         | 4.1 TITLE   |                        |
| NAME                       |                         | 4.2 NAME  |                        |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                         | 5.1 TITLE   |                        |
| NAME                       |                         | 5.2 NAME  |                        |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                         | 6.1 TITLE   |                        |
| NAME                       |                         | 6.2 NAME  |                        |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                        |

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: ✓ James W. Kahn James W. Kahn 4/1/98 954-922-4955

CFR2E034 (10/97)