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FILED  
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

21 101 N. Ocean Dr  
Suite, Apt. #, etc.

22 Suite 208

23 Hollywood, FL  
City & State

24 33019 Country U.S.A.

2a. Mailing Address

26 101 N. Ocean Dr  
Suite, Apt. #, etc.

27 Suite 208

28 Hollywood, FL  
City & State

29 33019 Country U.S.A.

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

65-0770508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BAUMAN, DAVID M  
7820 PETERS ROAD, STE. E-103  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Joseph Brien, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1909 Harrison St  
83 Suite 212  
84 City Hollywood  
85 Zip Code FL 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

Signature of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 1/14/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KAHN, JAMES W  
STREET ADDRESS 101 N. OCEAN DR., #208A  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C  
1.2 NAME KAHN, JAMES W  
1.3 STREET ADDRESS 101 N. OCEAN DR., #208  
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

2.1 TITLE V/D  
2.2 NAME DOMBROSKI, DAVID M  
2.3 STREET ADDRESS 101 N OCEAN DR., #208  
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

3.1 TITLE D  
3.2 NAME KAHN, DIANA O  
3.3 STREET ADDRESS 12201 SW 100 ST  
3.4 CITY-ST-ZIP MIAMI, FL 33186

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

CR2E034 (10/97)