

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90150 012 \*\*\*150.00

DOCUMENT # P97000062061

1. Corporation Name  
APPLE MEDICAID ELIGIBILITY, INC.

Principal Place of Business  
101 N OCEAN DRIVE  
STE 208  
HOLLYWOOD FL 33019  
US

Mailing Address  
101 N OCEAN DRIVE  
STE 208  
HOLLYWOOD FL 33019  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

BRIEN, JOSEPH E  
1919 HARRISON ST  
STE 212  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name David M. Dombroski  
82 Street Address (P.O. Box Number is Not Acceptable)  
101 N. Ocean Dr. Suite 208  
83  
84 City Hollywood FL 85 Zip Code 33019

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 *David M. Dombroski* David M. Dombroski 4/23/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PC                      | <input type="checkbox"/> DELETE            |
| NAME           | KAHN, JAMES W           |  |
| STREET ADDRESS | 101 N. OCEAN DR., #208A |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33019      |  |
| TITLE          | VD                      | <input type="checkbox"/> DELETE            |
| NAME           | DOMBROSKI, DAVID M      |  |
| STREET ADDRESS | 101 N OCEAN DRIVE 208   |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33019      |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | KAHN, DIANA O           |  |
| STREET ADDRESS | 12201 SW 100 STREET     |  |
| CITY-ST-ZIP    | MIAMI FL 33186          |  |
| 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          | T/S/D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Brenda G. Goodall          |  |
| 1.3 STREET ADDRESS | 101 N. Ocean Dr. Suite 208 |  |
| 1.4 CITY-ST-ZIP    | Hollywood, FL 33019        |  |
| 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           |                            |  |
| 5.3 STREET ADDRESS |                            |  |
| 5.4 CITY-ST-ZIP    |                            |  |
| 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 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, with all other like empowered.

SIGNATURE: *David M. Dombroski* 4/23/99 (954) 922-4955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)