

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-17-2002 90028 042 ***150.00

DOCUMENT # P97000062061

1. Entity 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

34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1940 Harrison St
 Suite, Apt. #, etc.
 Mezzanine A

3. Mailing Address

PO Box 221130
 Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0770508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOODALL, CHRISTOPHER
 101 N OCEAN DR
 SUITE #208
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name: James Kahn
 Street Address (P.O. Box Number is Not Acceptable)
 1940 Harrison St
 Mezzanine A
 City: Hollywood FL Zip Code: 33020

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

James W. Kahn

3/20/2002

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, 2002 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	KAHN, JAMES W	
STREET ADDRESS	101 N. OCEAN DR., #208A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TSVD	<input checked="" type="checkbox"/> Delete
NAME	GOODALL, BRENDA	
STREET ADDRESS	101 N OCEAN DRIVE 208	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James W. Kahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2002 954-922-4955

Date Daytime Phone #

CR2E034 (9/01)