

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017946

Entity Name: AFFILIATED HEALTHCARE, INC.

FILED  
Jan 16, 2005  
Secretary of State

## Current Principal Place of Business:

PMB 382 226 NORTH NOVA RD  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

PMB 382 226 NORTH NOVA RD  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 65-0816313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIS, GUY A CPA  
2432 FLAGLER AVE  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

BERTCH, DONALD C  
PMB 382, 226 NORTH NOVA ROAD  
ORMOND BEACH, FL 32174 US

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: DONALD C BERTCH

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete  
Name: BERTCH, DONALD  
Address: 7 CARRINGTON LANE  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C BERTCH

PVD

01/16/2005

Electronic Signature of Signing Officer or Director

Date