


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90516 034 ***150.00

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DOCUMENT # P98000036033	
1. Entity Name AHC ASSOCIATES, INC.	

Principal Place of Business 2911 N. BLVD TAMPA FL 33602	Mailing Address 2911 N. BLVD TAMPA FL 33602
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2. Principal Place of Business 3715 Ardeest	3. Mailing Address Same
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Tampa	City & State FL
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Zip 33594	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DESENA, JOSEPH 2911 N. BLVD TAMPA FL 33602	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 4-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MCLEAN, GAIL L STREET ADDRESS 3011 PATRIDGE PT TL CITY-ST-ZIP BRANDON FL 33594	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME DESENA, JOSEPH STREET ADDRESS 3011 PATRIDGE PT TL CITY-ST-ZIP BRANDON FL 33594	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 4-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)