

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

0075140 AV

08-21-2001 90030 024 ***550.00

DOCUMENT # P98000098349

1. Entity Name
AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.

Principal Place of Business Mailing Address

~~23123 STATE ROAD 7~~ ~~23123 STATE ROAD 7~~
~~SUITE 103~~ ~~SUITE 103~~
~~BOCA RATON FL 33428~~ ~~BOCA RATON FL 33428~~

2. Principal Place of Business 3. Mailing Address

1175 S. US HWY 1 **1175 S. US HWY 1**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

VERO BEACH FL **VERO BEACH FL**

Zip Country Zip Country

32962 **US** **32962** **US**

4. FEI Number Applied For

65-0877908 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
GREENSPOON, MARDER, HIRSCHFIELD, P.A.
100 WEST CYPRESS CREEK ROAD SUITE 700
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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.

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PSTD	<input type="checkbox"/> Delete
NAME JANKE, WALTER	
STREET ADDRESS 23123 STATE ROAD 7, SUITE 103	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE Y	<input type="checkbox"/> Delete
NAME JANKE, LALITA	
STREET ADDRESS 23123 STATE ROAD 7, SUITE 103	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE CHIEF FINANCIAL OFFICER	<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 CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1175 S. US HWY 1	
CITY-ST-ZIP VERO BEACH, FL, 32962	
TITLE COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1175 S. US HWY 1	
CITY-ST-ZIP VERO BEACH, FL, 32962	
TITLE CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MUSE W. ALFORD	
STREET ADDRESS 1175 S. US HWY 1	
CITY-ST-ZIP VERO BEACH, FL, 32962	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bob Fay	
STREET ADDRESS 4750 N.E. 26th Ave	
CITY-ST-ZIP FT. LAUDERDALE, FL 33308	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bill Jordan	
STREET ADDRESS 1855 34th Ave	
CITY-ST-ZIP VERO BEACH, FL 32960	
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: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)