

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90068 047 ***150.00

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04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0877908	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P98000098349
 1. Entity Name
AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.



Principal Place of Business 1175 S. US HWY 1 VERO BEACH, FL 32962 US	Mailing Address 1175 S. US HWY 1 VERO BEACH, FL 32962 US
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DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP JANKE, WALTER 1175 S. US HWY 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOS JANKE, LALITA 1175 S. US HWY 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALFORD, MUSE J 1175 S. US HWY 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAY, BOB 4750 N.E. 26TH AVENUE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, BILL 1855 34TH AVE. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Bauer</i> BOWER, JOHN 2200 S. OCEAN LANE FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

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: Walter H Janke, MD - Walter H Janke, MD 04-26-05 772-410-0276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #