

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098349

FILED
Apr 23, 2007
Secretary of State

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

Current Principal Place of Business:

1175 S. US HWY 1
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

1175 S. US HWY 1
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 65-0877908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: JANKE, WALTER
Address: 1175 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: COOS () Delete
Name: JANKE, LALITA
Address: 1175 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: CFO () Delete
Name: ALFORD, MUSE J
Address: 1175 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: FAY, BOB
Address: 4750 N.E. 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: JORDAN, BILL
Address: 1855 34TH AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: BAUER, JOHN
Address: 2200 S. OCEAN LANE
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change () Addition
Name: CHANG-ALLOY, HUGH
Address: 1175 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

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

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

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 Chapter 119, 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: WALTER JANKE

Electronic Signature of Signing Officer or Director

DCEO

04/23/2007

Date