

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098349

FILED
Feb 26, 2008
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:

1193 S. US HWY 1
VERO BEACH, FL 32962 US

Current Mailing Address:

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

New Mailing Address:

1193 S. US HWY 1
VERO BEACH, FL 32962 US

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:

RAULERSON, JAMES E TRUSTEE
1193 S. US HWY 1
VERO BEACH, FL 32962 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: JAMES E RAULERSON

02/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: FAY, ROBERT
Address: 1175 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: O (X) Delete
Name: WONG, TERRY
Address: 1175 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FAY, ROBERT
Address: 1193 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT FAY

P

02/26/2008

Electronic Signature of Signing Officer or Director

Date