


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000001199
1. Entity Name
CHOATE HEALTH MANAGEMENT, INC.



Principal Place of Business 206 SECOND STREET EAST BRADENTON, FL 34208	Mailing Address 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3123267	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1107000612108 02/02/07-80092-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MILLER, ALAN B 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, DEBRA K 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FILTON, STEVE 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, BRUCE R 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bruce R Gilbert 1/31/07 6107683300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #