


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90010 021 \*\*\*150.00

**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**

**40056380**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02132008 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**04-3123267**

Applied For  
 Not Applicable

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**

**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. I am familiar with, and accept the obligations of registered agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	CP MILLER, ALAN B 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OSTEEN, DEBRA K 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR FILTON, STEVE 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GILBERT, BRUCE R 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary George H. Brunner Jr. 367 S. Gulph Road King of Prussia, PA 19406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **2/19/08** **610-768-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George H. Brunner, Jr.*