

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 12:13

DOCUMENT # **N02488** (7)  
1. Corporation Name  
**FLORIDA HEALTH CHOICE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
C/O TIM GALDENICO  
5300 W. ATLANTIC AVE., STE. 302  
DELRAY BEACH FL 33445  
US

3. Date incorporated or Qualified <b>04/11/1984</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>59-2386585</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**LINDGREN, CHARLES**  
5300 W. ATLANTIC AVE., STE. 302  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent  
81 Name **Brent Casey**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5300 W. Atlantic Ave.**  
83  
84 City **Delray Beach** FL 85 Zip Code **33484**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *W. Brent Casey* **W. Brent Casey** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GRANGER, ROBERT 4725 N. FEDERAL HWY FT. LAUDERDALE FL	11 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	DOWLING, LYNN 800 MEADOWS ROAD BOCA RATON FL	21 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	LINDGREN, CHARLES A. 5300 W. ATLANTIC AVE. #302 DELRAY BCH. FL	22 NAME Boshell, Allan	
TITLE DC	BENZ, JOHN 3501 JOHNSON ST. HOLLYWOOD FL	23 STREET ADDRESS 303 SE 17th	
TITLE D	CASIO, RICHARD 5301 S. CONGRESS AVE. ATLANTIS FL	24 CITY - ST - ZIP Ft. Lauderdale, FL 33316	
TITLE D	MILLER, WENTZ 901 45TH STREET WEST PALM BCH FL	31 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME Casey, Brent	
		33 STREET ADDRESS 5300 W. Atlantic Ave.	
		34 CITY - ST - ZIP Delray Beach, FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME McGibany, Susie	
		53 STREET ADDRESS 800 Meadows Rd.	
		54 CITY - ST - ZIP Boca Raton, FL 33432	
		61 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME Walshon, Robert	
		63 STREET ADDRESS 901 45th Street	
		64 CITY - ST - ZIP West Palm Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. Brent Casey* **W. Brent Casey** President, CEO DATE: **4/5/95**