

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N02488 (7)**

**1. Corporation Name**  
**FLORIDA HEALTH CHOICE, INC.**



<b>Principal Place of Business</b> C/O TIM GALDENICIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33445 US	<b>Mailing Address</b> C/O TIM GALDENICIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33484 US
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<b>3. Date Incorporated or Qualified</b> 04/11/1984	<b>3a. Date of Last Report</b> 04/12/1995
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<b>21. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> 59-2386585	<b>Applied For</b> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22. City &amp; State</b>	<b>27. City &amp; State</b>	<b>6. Election Campaign Financing</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	Trust Fund Contribution	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>23. 33484</b>	<b>28. US</b>	<b>24. 33484</b>	<b>25. US</b>

<b>9. Name and Address of Current Registered Agent</b> <b>LINDGREN, CHARLES</b> 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33445	<b>10. Name and Address of New Registered Agent</b>
	<b>81. Name</b> W. Brent Casey
	<b>82. Street Address (P.O. Box Number is Not Acceptable)</b> 5300 W. Atlantic Ave.
	<b>83.</b>
	<b>84. City</b> Delray Beach, FL <b>85. Zip Code</b> 33484

**11. Pursuant to the provisions of Sections 617.0002 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0003, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **W. Brent Casey** 4/25/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS GRANGER, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4725 N. FEDERAL HWY	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSHELL, ALLAN	2.2 NAME	D
STREET ADDRESS	303 SE 17	2.3 STREET ADDRESS	Taylor, Robert
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	2815 S. Seacrest Blvd. Boynton Beach, FL 33435
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, BRENT	3.2 NAME	
STREET ADDRESS	5300 W.ATLANTIC AVE.#302	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, JOHN	4.2 NAME	
STREET ADDRESS	3501 JOHNSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIBANY, SUSIE	5.2 NAME	
STREET ADDRESS	800 MEADOWS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSHON, ROBERT	6.2 NAME	GARDNER, GREGG
STREET ADDRESS	901 45TH STREET	6.3 STREET ADDRESS	1309 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BCH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401

**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 this 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, President, CEO** 4/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)