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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02488 (7)

1. Corporation Name
FLORIDA HEALTH CHOICE, INC.



Principal Place of Business C/O TIM GALDENCIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33445 US	Mailing Address C/O TIM GALDENCIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33484-8190 US
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3. Date Incorporated or Qualified 04/11/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2386585	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**W. BRENT CASEY
 5300 W ATLANTIC AVE
 DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DS	<input type="checkbox"/>
NAME	GRANGER, ROBERT	
STREET ADDRESS	4725 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	TAYLOR, ROBERT	
STREET ADDRESS	2815 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	P	<input type="checkbox"/>
NAME	CASEY, BRENT	
STREET ADDRESS	5300 W.ATLANTIC AVE.#302	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	DC	<input type="checkbox"/>
NAME	BENZ, JOHN	
STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/>
NAME	MCGIBANY, SUSIE	
STREET ADDRESS	800 MEADOWS RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GARDNER, GREGG	
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Charles Cleaver		
6.3 STREET ADDRESS	4725 North Federal Highway		
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)