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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02488

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2386585
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 617.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, ROBERT	1.2 NAME John Johnson
STREET ADDRESS	4725 N. FEDERAL HWY	1.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT	2.2 NAME
STREET ADDRESS	2815 S SEACREST BLVD	2.3 STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP
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	D <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, JOHN	4.2 NAME Frank Nask
STREET ADDRESS	3501 JOHNSON ST.	4.3 STREET ADDRESS 1309 No. Flagler Drive
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP West Palm Beach, FL
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 type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVER, CHARLES	6.2 NAME
STREET ADDRESS	300 HOSPITAL AVENUE	6.3 STREET ADDRESS
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 4/23/99 DAYTIME PHONE # _____

CR2E037 (11/98)