2000 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # NOZURES 1. Entity Name Florida Health Choice 1/OC.								
FIOLI	da nearth choice) (00 OCT -6 PM 4: 49						
Principal Place of Business Mailing Address 5300 W. Atlantic Avenue, Suite 500 Delray Beach, FL 33484 USA						SECRETARY C TALLAHASSEE,	F STATE FLORIDA	
2. Principal P	lace of Business	3. Mailing Address				na da da B. I		<7×
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	REINST	NOT WHITEIR WHIS	SPACE (<u>X)</u>
City & State	·	City & State			4. FEI Number 59–2386585	5	No	plied For t Applicable
Zip	Country	Zip	Country	·	5. Certificate of Statu		\$8.75 Add Fee Required	itional 1
5300	Casey W. Atlantic Avenue y Beach, FL 33484	tegistered Agent		lame Kathy Downing Itreet Address (P.O. Box Number is Not Acceptable) 5300 W. Atlantic Avenue Delray Beach				
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. SIGNATURE Luculum Ruguery Kathy Downing 9/29/00 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FEE IS \$61.25 Trust Fund Contribution.					O May Be I to Fees	Make Check Departmen	t of State	
10.	OFFICERS AND DIR	ECTORS Delete	11.	7	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN Change	10
NAME STREET ADDRESS CITY-ST-ZIP	Taylor, Robert 2815 S. Seacrest Bly Boynton Beach, FL		NAME STREET ADDRI CITY-ST-ZIP		8000	003 43 3 10/20/000	938- 10780	-4 09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/g Johnson, John 4725 N. Federal Hwy. Ft. Lauderdale, FL	□, Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS		****245.00	*****24 □ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T McGinany, Susie 800 Meadows Rd. Boca Raton, FL	≰ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	P Casey, Brent 5300 W. Atlantic Ave Delray Beach, FL		TITLE NAME STREET ADDRI CITY-ST-ZIP	.Del	David Kibbe O W. Atlantic ray Beach, FI			Addition
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	D Frank Nask 1309 No. Flagler Dr. W. Palm Beach, FL	⊠ Delete '	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess 130	hael Loscalzo 9 No. Flaglen Palm Beach, I	Dr.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cleaver, Charles 300 Hospital Avenue Stuart, FL	√ Delete	TITLE NAME Street Addri City-St-Zip				Change	☐ Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo or on an attachment with an address?	this filing does not qualify for to true and accurate and that my wered to execute this report as the all other like empowered.	he exemption signature sh s required by	n stated in Se nall have the s r Chapter 617	ction 119.07(3)(i), Florid same legal effect as if m , Florida Statutes; and th	a Statutes. I further co ade under oath; that I nat my name appears	ertify that the in am an office in Block 10 d	organism org

I. David Kibbe

SIGNATURE: ____

9/29/00

Daytime Phone #