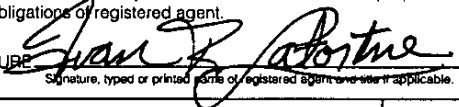
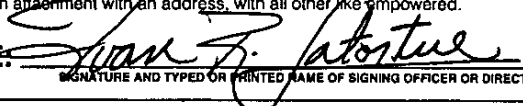


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165000 1. Entity Name FIRST CHOICE MEDICAL CENTER CORP						FILED 05 FEB -4 PM 3:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14696 NW 7TH AVE NORTH MIAMI, FL 33168				Mailing Address 14696 NW 7TH AVE NORTH MIAMI, FL 33168			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02032005 Chg-P CR2E034 (10/03)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-1978138				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent VALME, GEORGES 14696 NW 7TH AVE NORTH MIAMI, FL 33168			
7. Name and Address of New Registered Agent Name Ivan R Latortue Street Address (P.O. Box Number is Not Acceptable) 14696 NW 7th AVE City North Miami FL Zip Code 33168				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 02-03-2005 Signature, typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALME, GEORGES ☒ Delete 14696 NW 7TH AVE NORTH MIAMI, FL 33168			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ivan R Latortue ☐ Change ☒ Addition 14696 NW 7TH AVE North Miami, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600046855706 02/15/05--01052--016 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE: 02-03-2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			