

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028159

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: 1ST CHOICE MEDICAL, INC.

**Current Principal Place of Business:**

1310 SW 1ST AVENUE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

1310 SW 1ST AVENUE  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMBY, JAMES  
1310 SW 1ST AVENUE  
FORT LAUDERDALE, FL 33315      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      PD                      ( ) Delete  
Name:                      HAMBY, JAMES  
Address:                      3531 GRIFFIN ROAD  
City-St-Zip:                      FORT LAUDERDALE, FL 33312

Title:                      VPD                      ( ) Delete  
Name:                      HERON, JAZMIN  
Address:                      1310 SW 1ST AVENUE  
City-St-Zip:                      FORT LAUDERDALE, FL 33315

Title:                      SD                      (X) Delete  
Name:                      CORAGGIO, LOUIS  
Address:                      1310 SW 1ST AVENUE  
City-St-Zip:                      FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

VP

01/17/2008

\_\_\_\_\_ Date