FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # **V35940** **(8)**

1. Corporation Name
PHYSICIANS CHOICE, INC.

Principal Place of Business
4722 SW 74TH AVE
MIAMI FL 33155

Mailing Address
4722 SW 74TH AVE
MIAMI FL 33155-4417

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **07/15/1996**

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

4. FEI Number: **65-0351947** — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	FAMADAS, NELSON		1.2 NAME	DE ARMAS, ROGER	
STREET ADDRESS	4722 S.W. 74TH AVE.		1.3 STREET ADDRESS	4722 S.W. 74th Ave	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	MIAMI, Fl 33155	
TITLE	VD	☒ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	ECHEVARRIA, ALEX		2.2 NAME	Williams, Todd	
STREET ADDRESS	4722 S.W. 74TH AVE		2.3 STREET ADDRESS	4301 32ND AVE W. Suite C6	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	BRADENTO, Fl 34205	
TITLE	SD	☒ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	KRIES, LAWRENCE		3.2 NAME	Williams, Ron	
STREET ADDRESS	2655 LEJEUNE RD., #505		3.3 STREET ADDRESS	4301 32ND AVE W. Suite C6	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	BRADENTON, Fl 34205	
TITLE	D	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GOMEZ, FAUSTO B		4.2 NAME	Nelson E. Famadas	
STREET ADDRESS	2655 LEJEUNE RD., #505		4.3 STREET ADDRESS	4722 S.W. 74 Ave	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	MIAMI, Fl 33155	
TITLE	~~SECRETARY~~	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	~~DE ARMAS, ROGER~~		5.2 NAME	IVAN CASTAÑEDA	
STREET ADDRESS	~~4722 S.W. 74TH AVE~~		5.3 STREET ADDRESS	4722 S.W. 74 AVE	
CITY-ST-ZIP	~~MIAMI FL 33155~~		5.4 CITY-ST-ZIP	MIAMI, Fl 33155	
TITLE	~~TREASURER~~	☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	MIKE MURPHY	
STREET ADDRESS			6.3 STREET ADDRESS	4301 32ND AVE W Suite C6	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BRADENTON, Fl 34205	

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-14-97 305-267-1804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210606