

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000067024

**Entity Name:** MEDICAL HEALTH CHOICE P.A.

**Current Principal Place of Business:**

3120 SOUTH KIRKMAN ROAD  
SUITE Q  
ORLANDO, FL 32811

**Current Mailing Address:**

3120 SOUTH KIRKMAN ROAD  
SUITE Q  
ORLANDO, FL 32811

**FEI Number:** 46-0958321

**Certificate of Status Desired:** No

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

REITER, PETER  
3120 SOUTH KIRKMAN ROAD  
SUITE Q  
ORLANDO, FL 32811 US

*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:** PETER REITER

04/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REITER, PETER  
Address 3120 SOUTH KIRKMAN ROAD, SUITE  
Q  
City-State-Zip: ORLANDO FL 32811

*I hereby 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 all other like empowered.*

**SIGNATURE:** PETER REITER

**OWNER**

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date