2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# F02000001904

Entity Name: PHYSICIAN'S CHOICE, INC.

Current Principal Place of Business:

101 MATTIE M. KELLY BLVD.
DESTIN, FL 32541

New Principal Place of Business:

101 MATTIE M. KELLY BOULEVARD
DESTIN, FL 32541 US

Current Mailing Address:

101 MATTIE M. KELLY BLVD.
DESTIN, FL 32541

New Mailing Address:

101 MATTIE M. KELLY BOULEVARD
DESTIN, FL 32541 US

FEI Number: 13-3894173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQ
4481 LEGENDARY DR., STE. 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KARIAN, STEPHAN
Address: 101 MATTIE M. KELLY BLVD.
City-St-Zip: DESTIN, FL 32541

Title: ST ( ) Delete
Name: TEPLISKY, IDA
Address: 10 HILL ROAD
City-St-Zip: PORT WASHINGTON, NY 11050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KARIAN, STEPHAN
Address: 101 MATTIE M. KELLY BOULEVARD
City-St-Zip: DESTIN, FL 32541 US

Title: STD (X) Change ( ) Addition
Name: TEPLISKY, IDA
Address: 10 HILL ROAD
City-St-Zip: PORT WASHINGTON, NY 11050 US

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: STEPHAN KARIAN PD 04/27/2007
Electronic Signature of Signing Officer or Director Date