

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:59

DOCUMENT # **F94000004424 (7)**

1. Corporation Name
**FO-ACQUISITION CORP.
FIRST CHOICE HEALTH CARE SERVICES, INC.**

Principal Place of Business Mailing Address
**222 LAKEVIEW AVENUE, STE 160, BOX 61
WEST PALM BEACH FL 33401** **222 LAKEVIEW AVENUE, STE 160, BOX 61
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/24/1994

21. Principal Place of Business	2a. Mailing Address
777 FLAGLER	777 FLAGLER - SUITE
Suite, Apt. #, etc	Suite, Apt. #, etc
SUITE 1000	1000
City & State	City & State
W. PALM BEACH	W. PALM BEACH FL
Zip	Country
24	30

4. FEI Number	Applied For
65-0510695	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301	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 _____
Signature of person in control of registered agent and the corporation Signature of Registered Agent (signature required when making change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZBERG, DEBORAH	12 NAME	ABRAHAM D. GOSMAN
STREET ADDRESS	222 LAKEVIEW AVE., STE 160, BOX 61	13 STREET ADDRESS	513 NORTH COUNTY ROAD
CITY, ST, ZIP	WEST PALM BEACH FL	14 CITY, ST, ZIP	PALM BEACH FL 33410
TITLE	VT	21 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZBERG, STEVEN L	22 NAME	FREDERICK R. LEATHERS
STREET ADDRESS	222 LAKEVIEW AVE., STE 800	23 STREET ADDRESS	197 FIRST AVE
CITY, ST, ZIP	WEST PALM BEACH FL	24 CITY, ST, ZIP	NEEDHAM MA 02494
TITLE	S	31 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MORRIS C	32 NAME	RICHARD S. MANN
STREET ADDRESS	222 LAKEVIEW AVE., STE 800	33 STREET ADDRESS	197 FIRST AVE
CITY, ST, ZIP	WEST PALM BEACH FL	34 CITY, ST, ZIP	NEEDHAM MA 02494
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the incorporation stated in Section 130.07(2)(a), 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: *[Signature]* 5-30-95 617-433-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number