

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004424 (7)**

1. Corporation Name
FIRST CHOICE HEALTH CARE SERVICES, INC.



Principal Place of Business
**777 FLAGLER
STE 1000
WEST PALM BEACH FL 33401
US**

Mailing Address
**777 FLAGLER
STE 1000
WEST PALM BEACH FL 33401
US**

3. Date Incorporated or Qualified **08/24/1994** 3a. Date of Last Period **06/06/1995**

2. Principal Place of Business
21 **777 S. Flagler Drive**
Suite, Apt. #, etc.
22 **STE 1000E**
City & State
23 **West Palm Beach, FL**
Zip Country
24 **33401** 25

2a. Mailing Address
26 **777 S. Flagler Drive**
Suite, Apt. #, etc.
27 **STE 1000E**
City & State
28 **West Palm Beach, FL**
Zip Country
29 **33401** 30

4. FEI Number **65-0510695** 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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
83
84 City **Plantation** FL 85 Zip Code **33324**

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, 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]* **EDWARD GWISDALLA**
Assistant Vice President DATE **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOSMAN, ABRAHAM D 513 COUNTY RD PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEATHERS, FREDERICK R 197 FIRST AVE NEEDHAM MA	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MANN, RICHAHD S 197 FIRST AVE NEEDHAM MA	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D Abraham D. Gosman 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	P Robert A. Miller 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	T Frederick R. Leathers 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	S Denise Schumann 777 S. Flagler Drive, STE 1000E W. Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise I. Schumann, Secretary

4/29/96 402-655-3500
CS 5/1/96

CR2E034 (12/95)