

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State

07-19-2000 90021 005 ***550.00

DOCUMENT # F94000004424

1. Entity Name

FIRST CHOICE HEALTH CARE SERVICES, INC.

Principal Place of Business

777 S. FLAGLER DR STE 1000E
 WEST PALM BEACH FL 33401
 US

Mailing Address

777 S. FLAGLER DR STE 1000E
 WEST PALM BEACH FL 33410-2757
 US

2. Principal Place of Business

6827 W. COMMERCIAL

Suite, Apt. #, etc.

3. Mailing Address

6827 W. COMMERCIAL

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33319

Country

U.S.A

Zip

33319

Country

4. FEI Number

65-0510695

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 APRIL 15, 2000 FEE WILL BE \$50.00
 OR Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GOSMAN, ABRAHAM D 777 S. FLAGLER DR STE 1000E WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEATHERS, FREDERICK R 777 S. FLAGLER DR STE 1000E WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GARDNER, GREG 777 S FLAGLER DR STE 1000 E WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMANN, DENISE 777 S. FLAGLER DR STE 1000E WEST PALM BEACH FL 33401.	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BART JORDAN 3801 HULEN ST. 200 FT. WORTH, TX 76107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment, in an address, with a other like empowered.

SIGNATURE:

Bart Jordan PRESIDENT

7-6-00

817377-2386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #