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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F94000004450 (2)**

1. Corporation Name
FIRST CHOICE HEALTH CARE SERVICES OF FT LAUDERDALE, INC.

Principal Place of Business Mailing Address

**222 LAKEVIEW AVE.
SUITE 100, BOX 61
WEST PALM BEACH FL 33401**

**222 LAKEVIEW AVE.
SUITE 100, BOX 61
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0510690	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23. Zip		28. Country		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
24. Zip		29. Country		8. This corporation has liability for intangible tax under § 190.039, Florida Statutes	
				<input 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 ST. SUITE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZBERG, DEBORAH	1.2 NAME	ABRAHAM D. GOSMAN
STREET ADDRESS	222 LAKEVIEW AVE.	1.3 STREET ADDRESS	515 N. COUNTY ROAD
CITY - ST - ZIP	WEST PALM BEACH FL 33401	1.4 CITY - ST - ZIP	W. PALM BEACH FL 33480
TITLE	VT	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZBERG, STEVEN L	2.2 NAME	MICHAEL GOSMAN
STREET ADDRESS	222 LAKEVIEW AVE.	2.3 STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	WEST PALM BEACH FL 33401	2.4 CITY - ST - ZIP	NEEDHAM MA 02194
TITLE	S	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MORRIS C	3.2 NAME	ANDREW GOSMAN
STREET ADDRESS	222 LAKEVIEW AVE.	3.3 STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP	WEST PALM BEACH FL 33401	3.4 CITY - ST - ZIP	NEEDHAM MA 02194
TITLE		4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	FREDERICK R. LEATHERS
STREET ADDRESS		4.3 STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	NEEDHAM MA 02194
TITLE		5.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	RICHARD S. MANN
STREET ADDRESS		5.3 STREET ADDRESS	197 FIRST AVE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NEEDHAM MA 02194
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), 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: Fredrick R. Leathers 4/24/95 (617) 433-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Print) (Type Phone #)