

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000004450

1. Corporation Name

First Choice Health Care Services of Fort Lauderdale, Inc.

Principal Place of Business

Mailing Address

500001838505
-05/24/96--01038--044
***200.00

| | | | | | |
|--------------------------------|--------------------|---------------------|--------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 777 S. Flagler Dr. | 26 | 777 S. Flagler Dr. | 8/25/94 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | Suite 1000E | 27 | Suite 1000E | 65-0510690 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | West Palm Beach | 28 | West Palm Beach | <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 33401 | 29 | 33401 | <input type="checkbox"/> | |
| | | 30 | | 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

| | | |
|----|--|-----------------------------|
| B1 | Name | CT Corporation System |
| B2 | Street Address (P.O. Box Number is Not Acceptable) | 1200 South Pine Island Road |
| B3 | | |
| B4 | City | Plantation |
| | State | FL |
| B5 | 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 or registered agent, or both, in the State of Florida. Such change was approved by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent.

SIGNATURE: *Denise L. Schumann* SPECIAL ASST. SECRETARY Date: April 25, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|-------|------|----------------|-----------------|---------------------------------|
| 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 |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| | | | | |
|----|-----------------|-------------------------------|--------|--|
| 1 | TITLE | D | Change | <input checked="" type="checkbox"/> Addition |
| 2 | NAME | Abraham D. Gosman | | |
| 3 | STREET ADDRESS | 777 S. Flagler Dr., STE 1000E | | |
| 4 | CITY - ST - ZIP | W. Palm Beach, FL 33401 | | |
| 5 | TITLE | P | Change | <input checked="" type="checkbox"/> Addition |
| 6 | NAME | Robert A. Miller | | |
| 7 | STREET ADDRESS | 777 S. Flagler Dr., STE 1000E | | |
| 8 | CITY - ST - ZIP | W. Palm Beach, FL 33401 | | |
| 9 | TITLE | T | Change | <input checked="" type="checkbox"/> Addition |
| 10 | NAME | Frederick R. Leathers | | |
| 11 | STREET ADDRESS | 777 S. Flagler Dr., STE 1000E | | |
| 12 | CITY - ST - ZIP | W. Palm Beach, FL 33401 | | |
| 13 | TITLE | S | Change | <input checked="" type="checkbox"/> Addition |
| 14 | NAME | Denise Schumann | | |
| 15 | STREET ADDRESS | 777 S. Flagler Dr., STE 1000E | | |
| 16 | CITY - ST - ZIP | W. Palm Beach, FL 33401 | | |
| 17 | TITLE | | Change | <input type="checkbox"/> Addition |
| 18 | NAME | | | |
| 19 | STREET ADDRESS | | | |
| 20 | CITY - ST - ZIP | | | |
| 21 | TITLE | | Change | <input type="checkbox"/> Addition |
| 22 | NAME | | | |
| 23 | STREET ADDRESS | | | |
| 24 | 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)(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: *Denise L. Schumann* Date: 4/27/96
Denise L. Schumann, Secretary
407-655-3500
51-96

CR2E034 (12/95)