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 # F94000004450

1. Corporation Name
First Choice Health Care Services of Fort Lauderdale, Inc.

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

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 8/25/94
3a. Date of Last Report:

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

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

4. FEI Number 65-0510690 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

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 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] (Name and title: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: April 25, 1996

CATHERINE H. KNEATZ
OFFICIAL ASST. SECRETARY

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	D	[ ]	[X]
1.2 NAME	Abraham D. Gosman		
1.3 STREET ADDRESS	777 S. Flagler Dr., STE 1000E		
1.4 CITY-ST-ZIP	W. Palm Beach, FL 33401		
2.1 TITLE	P	[ ]	[X]
2.2 NAME	Robert A. Miller		
2.3 STREET ADDRESS	777 S. Flagler Dr., STE 1000E		
2.4 CITY-ST-ZIP	W. Palm Beach, FL 33401		
3.1 TITLE	T	[ ]	[X]
3.2 NAME	Frederick R. Leathers		
3.3 STREET ADDRESS	777 S. Flagler Dr., STE 1000E		
3.4 CITY-ST-ZIP	W. Palm Beach, FL 33401		
4.1 TITLE	S	[ ]	[X]
4.2 NAME	Denise Schumann		
4.3 STREET ADDRESS	777 S. Flagler Dr., STE 1000E		
4.4 CITY-ST-ZIP	W. Palm Beach, FL 33401		
5.1 TITLE		[ ]	[ ]
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		[ ]	[ ]
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

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] 4/29/96 Date 407-655-3500 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise L. Schumann, Secretary

SG 5-1-96