

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90010 035 \*\*\*150.00

DOCUMENT # **F94000004450**

1. Corporation Name

**FIRST CHOICE HEALTH CARE SERVICES OF FORT LAUDERDALE, INC.**

Principal Place of Business

**777 S FLAGLER DR  
SUITE 1000-E  
WEST PALM BEACH FL 33401**

Mailing Address

**777 S FLAGLER DR  
SUITE 1000-E  
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/25/1994**

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

81. Name

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

83.

84. City

**FL**

85. 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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
GOSMAN, ABRAHAM D  
777 S FLAGLER DR SUITE 1000-E  
WEST PALM BEACH FL 33401**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HAGEMEISTER, SHERRY  
777 S FLAGLER DR SUITE 1000-E  
WEST PALM BEACH FL**

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**EVP  
GREG GARDNER  
777 S. Flagler Dr Ste 1000 E  
West Palm Beach, FL 33401**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LEATHERS, FREDERICK R  
777 S FLAGLER DR SUITE 1000-E  
WEST PALM BEACH FL 33401**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SCHUMANN, DENISE  
777 S FLAGLER DR SUITE 1000-E  
WEST PALM BEACH FL 33401**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Denise Schumann**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 22, 1999**  
Date

**561-822-5520**  
Daytime Phone #

CR2E034 (11/98)

0320851