

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90049 028 ***150.00

10057508

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000004450 (2)
1. Entity Name
 FIRST CHOICE HEALTH CARE SERVICES OF FORT LAUDERDALE, INC.

Principal Place of Business **Mailing Address**
 10 DORRANCE STREET, STE 400 10 DORRANCE STREET, STE 400
 PROVIDENCE, RI 02903 PROVIDENCE, RI 02903

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

4. FEI Number Applied For
 65-0510690 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name: CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable): 12005 Pine Island Rd.
 City: Plantation **FL** Zip Code: 33324

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] **LAURENTH KREATZ, SPECIAL ASSISTANT SECRETARY**
 (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/00

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
After MAY 1, 2000 Fee will be \$550.00
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	<u>P/D/CEO</u>	<input type="checkbox"/> Delete
NAME	<u>HEFFERNAN, MICHAEL T.</u>	
STREET ADDRESS	<u>10 DORRANCE STREET, STE 400</u>	
CITY-ST-ZIP	<u>PROVIDENCE, RI 02903</u>	
TITLE	<u>Treasurer/CFO</u>	<input type="checkbox"/> Delete
NAME	<u>GILLHEENEY, GARY S.</u>	
STREET ADDRESS	<u>10 DORRANCE STREET, STE 400</u>	
CITY-ST-ZIP	<u>PROVIDENCE, RI 02903</u>	
TITLE	<u>secty/VP</u>	<input type="checkbox"/> Delete
NAME	<u>BARRETT, VERONICA A.</u>	
STREET ADDRESS	<u>10 DORRANCE STREET, STE 400</u>	
CITY-ST-ZIP	<u>PROVIDENCE, RI 02903</u>	
TITLE	<u>VP/COO</u>	<input type="checkbox"/> Delete
NAME	<u>John Wardle</u>	
STREET ADDRESS	<u>10 Dorrance St., Suite 400</u>	
CITY-ST-ZIP	<u>Providence RI 02903</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 with an address, with all other like empowered.

SIGNATURE: Veronica A. Barrett 9/10/00 401-868-6672
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)