

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90346 037 ***150.00

DOCUMENT # G74260

1. Entity Name

HEALTHCHOICE, INC.

Principal Place of Business

Mailing Address

2301 LUCIEN WAY
SUITE 440
MAITLAND FL 32751
US

1414 KUHLE AVENUE
#301
ORLANDO FL 32806
US

00040164

2. Principal Place of Business

201 Pineloch St. 23

3. Mailing Address

90 Finance MP2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1414 Kuhl Ave

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2364223

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

32806

Country

USA

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

HILLENMEYER, JOHN
1414 KUHLE AVENUE
ORLANDO FL 32806

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOZARD, JOHN W. | |
| STREET ADDRESS | 1414 S KUHLE AVE | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEPHENS, SAM, M.D. | |
| STREET ADDRESS | 2876 OSCEOLA AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PD D | <input type="checkbox"/> Delete |
| NAME | HILLENMEYER, JOHN | |
| STREET ADDRESS | 1414 KUHLE AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEWART, CHARLES H., JR. | |
| STREET ADDRESS | 2282 SPGS LANDING BLVD | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | NEDER, GEORGE, M.D. | |
| STREET ADDRESS | 85 W MILLER ST. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KESSEL, M.D., H. CLARK | |
| STREET ADDRESS | 415 BRIARCLIFF DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |

| | | |
|----------------|----------------------|--|
| TITLE | D, P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Harr, Steve | |
| STREET ADDRESS | 1414 Kuhl Ave | |
| CITY-ST-ZIP | Orlando, FL 32806 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hodges, Karl | |
| STREET ADDRESS | 1414 Kuhl Ave | |
| CITY-ST-ZIP | Orlando, FL 32806 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lopman, Abe | |
| STREET ADDRESS | 1414 Kuhl Ave | |
| CITY-ST-ZIP | Orlando, FL 32806 | |
| TITLE | D, S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Howell, Mike, MD | |
| STREET ADDRESS | 1414 Kuhl Ave | |
| CITY-ST-ZIP | Orlando, FL 32806 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Galceean, Manuel, MD | |
| STREET ADDRESS | 1414 Kuhl Ave | |
| CITY-ST-ZIP | Orlando FL 32806 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sereos, Robert N, MD | |
| STREET ADDRESS | 1414 Kuhl Ave | |
| CITY-ST-ZIP | Orlando FL 32806 | |

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: *John Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

(407)841-5155

Daytime Phone #

CR2E034 (10/00)