2002 UNIFORM BUSINESS REPORT (UBR)

FILED G74260
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 24 PM 4:01

27105

DOCUMENT # G74260

1. Entity Name
HEALTHCHOICE, INC.

Principal Place of Business	Mailing Address
201 PINELOCH ST 23 ORLANDO FL 32806 US	C/O FINANCE MP2 1414 KUHL AVENUE ORLANDO FL 32806 US

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

DO NOT WRITE IN THIS SPACE
05-31-02 90001 033 $150.00

4. FEI Number 59-2364223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLENMEYER, JOHN
1414 KUHL AVENUE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP HARR, STEVE 1414 KUHL AVENUE ORLANDO FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARR, STEVE 1414 KUHL AVE., MP 37 ORLANDO, FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS,SAM,M.D. 2876 OSCEOLA AVE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEPHENS, SAM, M.D. 1414 KUHLAVE., MP 4 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLENMEYER, JOHN 1414 KUHL AVE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLENMEYER, JOHN 1414 KUHL AVE., MP 4 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, CHARLES H., JR. 2282 SPGS LANDING BLVD LONGWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, CHARLES H., JR. 1414 KUHL AVE., MP 4 ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEDER, GEORGE, M.D. 85 W MILLER ST. ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEDER, GEORGE, M.D. 1414 KUHL AVE., MP 4 ORLANDO, FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSEL, M.D., H. CLARK 415 BRIARCLIFF DRIVE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSEL, HAMIL C., M.D. 1414 KUHLAVE., MP 4 ORLANDO, FL 32806 ☒ Change ☐ Addition

CR2E034 (9/01)

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: [signature] 4-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/24/02 AO

Attachment H Doc # G 7426 6
D 7105

ADDITIONS:

D
Lopman, Abe
1414 Kuhl Ave., MP 61
Orlando, FL 32806

D
Galceran, Manuel, M.D.
1414 Kuhl Ave., MP 4
Orlando, FL 32806

D
Hodges, Karl
1414 Kuhl Ave., MP 71
Orlando, FL 32806

DS
Howell, Mike, M.D.
1414 Kuhl Ave., MP 4
Orlando, FL 32806

D
Serros, Robert N., M.D.
1414 Kuhl Ave., MP 4
Orlando, FL 32806