

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74260

Entity Name: HEALTHCHOICE, INC.

FILED
Apr 01, 2004
Secretary of State

Current Principal Place of Business:

201 PINELOCH ST 23
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

C/O FINANCE MP2
1414 KUHL AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2364223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLENMEYER, JOHN
1414 KUHL AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARR, STEVE
Address: 1414 KUHL AVE., MP 37
City-St-Zip: ORLANDO, FL 32806

Title: C () Delete
Name: STEVENS, SAM MD
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: HILLENMEYER, JOHN
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: HOWELL, MICHAEL MD
Address: 1414 KUHL AVE., MP37
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: NEDER, GEORGE MD
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: KESSEL, HAMIL C MD
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HARR, STEPHAN J
Address: 1414 KUHL AVE., MP 37
City-St-Zip: ORLANDO, FL 32806

Title: C (X) Change () Addition
Name: STEPHENS, SAM MD
Address: 1414 KUHL AVE., MP 4
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HOWELL, MICHAEL MD
Address: 1414 KUHL AVE., MP37
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHAN J. HARR

DP

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date

KARL HODGES DIRECTOR
1414 KUHL AVE. MP 2
ORLANDO, FL 32806

ROBERT N. SERROS, M.D., DIRECTOR
1414 KUHL AVE. MP 4
ORLANDO, FL 32806

CHARLIE STEWART DIRECTOR
1414 KUHL AVE. MP 4
ORLANDO, FL 32806

MANUEL GALCERAN, M.D. DIRECTOR
1414 KUHL AVE MP 4
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