

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 14

DOCUMENT # **L68009** (4)

1. Corporation Name
CHOICE CARE HEALTH SERVICES, INC.

Principal Place of Business Mailing Address
613 St. Johns Ave **613 ST. JOHNS AVE.**
Suite 101 **SUITE 101**
Palatka, Fl 32177 **PALATKA FL 32177**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **3426 St. Johns Ave.** 26 **P.O. BOX 423**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Palatka, Fl. 32177** 28 **Palatka, Fl. 32178**
Zip Country Zip Country
24 **32177** 25 **USA** 29 **32178** 30 **USA**

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3013497** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALLEN, JACK W.
613 ST. JOHNS AVENUE
SUITE 101
PALATKA FL 32177

10. Name and Address of New Registered Agent
81 Name **Felicia E. Marcis**
82 Street Address (P.O. Box Number is Not Acceptable) **3426 St. Johns Ave**
83
84 City **Palatka** FL 85 Zip Code **32177**

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 *Felicia E. Marcis* February 6, 1995
Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCIS, FELICIA E.
STREET ADDRESS	613 ST. JOHNS AVENUE
CITY - ST - ZIP	PALATKA FL 32177
TITLE	S
NAME	BOHANAN, JANICE A
STREET ADDRESS	613 ST. JOHN AVE
CITY - ST - ZIP	PALATKA FL
TITLE	T
NAME	ALLEN, JACK W
STREET ADDRESS	613 ST. JOHN AVE
CITY - ST - ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Marcis, Felicia E.
13 STREET ADDRESS	3426 St. Johns Ave (change of address)
14 CITY - ST - ZIP	Palatka, Fl 32177
21 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Marcis, Felicia E.
23 STREET ADDRESS	3426 St. Johns Ave
24 CITY - ST - ZIP	Palatka, Fl. 32177
31 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Marcis, Felicia E.
33 STREET ADDRESS	3426 St. Johns Ave
34 CITY - ST - ZIP	Palatka, Fl. 32177
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), 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 trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Felicia E. Marcis* Felicia E. Marcis 02/06/95 (904)325-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR