

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02488 (7)

1. Corporation Name

FLORIDA HEALTH CHOICE, INC.



Principal Place of Business

Mailing Address

C/O TIM GALDENICIO
5300 W. ATLANTIC AVE., STE. 302
DELRAY BEACH FL 33445
US

C/O TIM GALDENICIO
5300 W. ATLANTIC AVE., STE. 302
DELRAY BEACH FL 33484
US

3. Date Incorporated or Qualified
04/11/1984

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **33484** 25 Country

29 Zip **33484** 30 Country

4. FEI Number
59-2386585

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

10. Name and Address of New Registered Agent

LINDGREN, CHARLES
5300 W. ATLANTIC AVE., STE. 302
DELRAY BEACH FL 33445

81 Name
W. Brent Casey
82 Street Address (P.O. Box Number is Not Acceptable)
5300 W. Atlantic Ave.
83
84 City
Delray Beach, FL 85 Zip Code
33484

11. Pursuant to the provisions of Sections 617.0602 and 617.1503, 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 617.0603, Florida Statutes.

SIGNATURE

W. Brent Casey

4/25/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRANGER, ROBERT	
STREET ADDRESS	4725 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSHELL, ALLAN	
STREET ADDRESS	303 SE 17	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CASEY, BRENT	
STREET ADDRESS	5300 W.ATLANTIC AVE.#302	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BENZ, JOHN	
STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGIBANY, SUSIE	
STREET ADDRESS	800 MEADOWS RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSHON, ROBERT	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BCH FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D
23 STREET ADDRESS	Taylor, Robert
24 CITY-ST-ZIP	2815 S. Seacrest Blvd.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Boynton Beach, FL 33435
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	GARDNER, GREGG
64 CITY-ST-ZIP	1309 NORTH FLAGLER DRIVE
	WEST PALM BEACH, FL 33401

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 119.07(3)(k), 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Brent Casey, President, CEO

Date

Daytime Phone

CR2E037 (12/95)