


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02488 (7)
 1. Corporation Name
FLORIDA HEALTH CHOICE, INC.



Principal Place of Business C/O TIM GALDENCIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33445 US		Mailing Address C/O TIM GALDENCIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33484-8190 US		3. Date Incorporated or Qualified 04/11/1984	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2386585	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent W. BRENT CASEY 5300 W ATLANTIC AVE DELRAY BEACH FL 33484		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, ROBERT	1.2 NAME	
STREET ADDRESS	4725 N. FEDERAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT	2.2 NAME	
STREET ADDRESS	2815 S SEACREST BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, BRENT	3.2 NAME	
STREET ADDRESS	5300 W. ATLANTIC AVE. #302	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, JOHN	4.2 NAME	
STREET ADDRESS	3501 JOHNSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIBANY, SUSIE	5.2 NAME	
STREET ADDRESS	800 MEADOWS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, GREGG	6.2 NAME	Charles Cleaver
STREET ADDRESS	1309 NORTH FLAGLER DRIVE	6.3 STREET ADDRESS	4725 North Federal Highway
CITY-ST-ZIP	WEST PALM BCH FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308

14. I do 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 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.

CR2E037 (9/96)