


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02488** (7)  
1. Corporation Name  
**FLORIDA HEALTH CHOICE, INC.**



Principal Place of Business <b>C/O TIM GALDENCIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33445 US</b>		Mailing Address <b>C/O TIM GALDENCIO 5300 W. ATLANTIC AVE., STE. 302 DELRAY BEACH FL 33484 US</b>		3. Date Incorporated or Qualified <b>04/11/1984</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2386585</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**W. BRENT CASEY  
5300 W ATLANTIC AVE  
DELRAY BEACH FL 33484**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

300 Hospital Avenue

Stuart, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

4/20/98

1-800-700-3444

CR2E037 (10/97)