

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010487

FILED  
Mar 28, 2012  
Secretary of State

Entity Name: FLORIDA HEALTH CHOICES, INC.

## Current Principal Place of Business:

225 SOUTH ADAMS STREET  
SUITE 250  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

200 WEST COLLEGE AVENUE  
SUITE 203  
TALLAHASSEE, FL 32301

## Current Mailing Address:

225 SOUTH ADAMS STREET  
SUITE 250  
TALLAHASSEE, FL 32301

## New Mailing Address:

200 WEST COLLEGE AVENUE  
SUITE 203  
TALLAHASSEE, FL 32301

FEI Number: 26-4435356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PLANTE, KELLY B  
225 SOUTH ADAMS STREET  
SUITE 250  
TALLAHASSEE, FL 32301 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

## OFFICERS AND DIRECTORS:

Title: CD  
Name: BEAN, AARON  
Address: 305 BONNIEVIEW ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VCD  
Name: MEADOWS, SHERRI  
Address: 8926 SW 27TH AVENUE  
City-St-Zip: OCALA, FL 34476 US

Title: STD  
Name: NASON, WALTER  
Address: PO BOX 3068  
City-St-Zip: ORLANDO, FL 32802 US

Title: D  
Name: CHERNEY, BECKY  
Address: 6623 HIDDEN BEACH CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: PEADEN, DURELL  
Address: 598 NORTH FERDON BOULEVARD  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: CED  
Name: ROSE, NAFF M  
Address: 200 WEST COLLEGE AVENUE, SUITE 203  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSE M. NAFF

CED

03/28/2012

Electronic Signature of Signing Officer or Director

Date