

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 # N94000003230 (9)

1. Corporation Name

HEALTH CHOICE NETWORK, INC.



Principal Place of Business

Mailing Address

3900 NW 79TH AVE.
SUITE 500
MIAMI FL 33166

3900 NW 79TH AVE.
SUITE 500
MIAMI FL 33166

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0504316

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUBIT, DONALD E
100 SE 2ND ST
SEVENTEENTH FLOOR
MIAMI FL 33131-1101

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 DELETE

1.1 TITLE Change Addition

NAME TRICE, JESSIE
STREET ADDRESS % 5361 NW 22ND AVE
CITY-ST-ZIP MIAMI FL 33142

2 NAME MARIO JARDON
1.3 STREET ADDRESS 4175 WEST 20 Avenue
1.4 CITY-ST-ZIP HIALESH, FL 33012

TITLE DELETE

2.1 TITLE Change Addition

NAME HARTLEY, COL BRODES JR
STREET ADDRESS % 10300 SW 216TH ST
CITY-ST-ZIP MIAMI FL 33190

2.2 NAME Dr. EVALINA BESTMAN
2.3 STREET ADDRESS 1469 NW 24 STREET
2.4 CITY-ST-ZIP MIAMI, FL 33142

TITLE DELETE

3.1 TITLE Change Addition

NAME DAVID, CALEB
STREET ADDRESS % 3230 HIBISCUS ST
CITY-ST-ZIP COCONUT GROVE FL 33133

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME COOKE, ELIZABETH K
STREET ADDRESS 3900 NW 79 AVENUE, STE 500
CITY-ST-ZIP MIAMI FL 33166

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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 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 Elizabeth K Cooke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)