

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 3900 NW 79TH AVE. SUITE 500 MIAMI FL 33166	Mailing Address 3900 NW 79TH AVE. SUITE 500 MIAMI FL 33166-6549
--	---

3. Date Incorporated or Qualified 06/28/1994	3a. Date of Last Report 04/29/1996
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0504316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	TRICE, JESSIE
STREET ADDRESS	% 5361 NW 22ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARTLEY, COL BRODES JR
STREET ADDRESS	% 10300 SW 216TH ST
CITY-ST-ZIP	MIAMI FL 33190
TITLE	T <input type="checkbox"/> DELETE
NAME	DAVID, CALEB
STREET ADDRESS	% 3230 HIBISCUS ST
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	COOKE, ELIZABETH K
STREET ADDRESS	3900 NW 79 AVENUE, STE 500
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JARDON, MARIO
STREET ADDRESS	4175 WEST 20 AVENUE
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BESTMAN, EVALINA D
STREET ADDRESS	1469 NW 36 STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D Lalai Hamer
13 STREET ADDRESS	1620 Medical Lane, Ste 211
14 CITY-ST-ZIP	FORT MYERS, FL. 33902
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
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 type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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.

SIGNATURE: *Elizabeth Cooke* 1/23/97 305-599-1215

CR2E037 (9/96)