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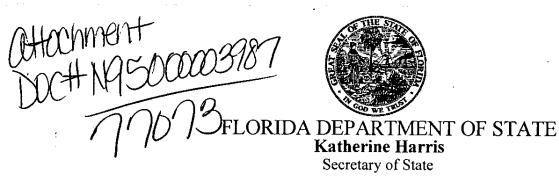
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am **Secretary of State** DOCUMENT # N95000003987 1. Entity Name 05-17-2001 91333 021 ****61.25 CHOICES FOR COMMUNITY HEALTH, INC. Principal Place of Business Mailing Address 9900 4T ST NORTH 9800 4T ST NORTH STE 206 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3386955 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fas Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUGG, ELIZABETH M 9800 4TH ST NORTH **STE 208** City Zip Code ST. PETERSBURG FL 33702 8. 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 ed or printed name of registered agent and this if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution." FEE IS \$61.25 Added to Fees ---Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Dr. John Heilman TITLE Octors TITLE MURPHY, FRANK 500 7th Avenue South NAME NAME St. Petersburg, FLorida STREET ADDRESS 17757 US 19 N STE 100 STREET ADDRESS 33701 CITY-ST-ZP **CLEARWATER FL 33764** CITY-SI-ZIP A Debate Change Addition TTLE TITLE NAME PARKS, SALLIE NAME Bob Costello STREET ANORESS STREET ADDRESS 315 CT ST 601 Main Street CITY-ST-ZEP CITY-ST-ZIP **CLEARWATER FL 34618** Dunedin, FL 34698 ΠŪĒ TITLE DT Deteta BETHEUL EVELYN HAME STREET ADDRESS STREET ADDRESS 1100 CLEVELAND ST CTY-51-79 CLEARWATER FL 34616 CITY-ST-ZP TITLE _ Deleta TITLE Change Addition NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ППЕ Deteta TITLE (Change NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP mie ☐ Delete : Change . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12.-1 hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the

SIGNATURE:



June 27, 2001

CHOICES FOR COMMUNITY HEALTH, INC. 9800 4T ST NORTH STE 206 ST PETERSBURG, FL 33702 US

Return attaches

Subject: CHOICES FOR COMMUNITY HEALTH, INC.

Reference

N95000003987 =

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314