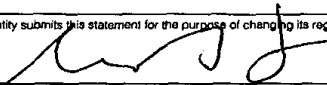
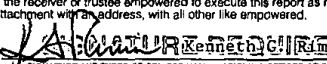


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007041			
1. Entity Name TOTAL HEALTH CHOICE, INC.			
Principal Place of Business 8701 SW 137 AVE 200 MIAMI FL 33183		Mailing Address P.O. BOX 830010 MIAMI FL 33289-0010	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-0603319		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STERNSTEIN, GERALD B 181 N. GADSDEN STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name GERALD B. STERNSTEIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 8701 S.W. 137th AVE. Suite 200 City MIAMI FL Zip 33183	
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  DATE 8-22-01 Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reselecting)			
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RIMMER, KENNETH 8701 SW 137 AVE, STE 200 MIAMI FL 33183	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARRINGTON, R.J. JR MD 8701 SW 137 AVE, STE 200 MIAMI FL 33183	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NAROWITZ, RANDY 8701 SW 137 AVE, STE 200 MIAMI FL 33183	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I 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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		8/1/01 (305) 408-5800 Date Daytime Phone	

FILED

01-SEP-19 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/10/01 90057 025 \$61.25

CP2007 (5/01)