


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

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
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<b>DO NOT WRITE IN THIS SPACE</b>	
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02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 33-0603319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ALGATE, LYLE 8701 S.W. 137TH AVENUE SUITE 200 MIAMI, FL 33183	

<b>DO NOT WRITE IN THIS SPACE</b>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000095656 03/24/04-80043-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALGATE, LYLE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRANCES, LYNCH 8701 SW 137 AVE, STE 200 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GETRUDE, MINKIEWICZ 8701 SW 137 AVE, STE 200 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, BAKER 8701 SW 137 AVE, STE 200 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, MARY JANE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, ELEANOR 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183

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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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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