## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2005 8:00 am **Secretary of State**

03-07-2005 90290 017 \*\*\*\*61.25

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1. Entity Name



TOTAL HEALTH CHOICE, INC. Principal Place of Business Mailing Address 20018984 8701 SW 137 AVE P.O. BOX 830010 MIAMI, FL 33289-0010 MIAMI, FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 Chg-NP CR2E037 (10/03) 4. FEI Number 33-0603319 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALGATE, LYLE 8701 S.W. 137TH AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 200 MIAMI, FL 33183 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Director TITLE ☐ Delete TITLE ☐ Change ★ Addition Ruby lake ALGATE, LYLE NAME NAME 8701 SW 137th Lue, Svite 200 STREET ADDRESS 8701 SW 137TH AVE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP Miumi, FL 33183 TITLE CD ☐ Delete TITLE Director Abbit ☐ Change N Addition FRANCES, LYNCH NAME NAME 8701 5W 15724 Dre, Svite 300 STREET ADDRESS 8701 SW 137 AVE, STE 200 STREET ADDRESS Mirmi, FL 33183 CITY-ST-ZIP MIAMI, FL 33183 CITY-\$1-ZIP TITL F ☐ Delete TITLE Kabhleen Kather ☐ Change Addition 8701 Sw 137th Ave, Svile 200 GETRUDE, MINKIEWICZ NAME NAME 8701 SW 137 AVE. STE 200 STREET ADDRESS STREET ADDRESS MIAMI, FL 33183 Minni, FL 33183 CITY-ST-ZIP \_ \_ \_ \_ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition DOUGLAS, BAKER NAME NAME STREET ADDRESS 8701 SW 137 AVE, STE 200 STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITL F ☐ Defete ☐ Change NAME CLAY, MARY JANE NAME 8701 SW 137TH AVE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP Delete TITLE Change ☐ Addition BETTS, ELEANOR NAME NAME 8701 SW 137TH AVE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP

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, withfall other like empowered.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Cfo

3/1/05