

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

20018984



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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-0603319	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALGATE, LYLE 8701 S.W. 137TH AVENUE SUITE 200 MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> P ALGATE, LYLE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> Director Ruby Cole 8701 SW 137th Ave, Suite 200 Miami, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> CD FRANCES, LYNCH 8701 SW 137 AVE, STE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> Director Jeanette Abbott 8701 SW 137th Ave, Suite 200 Miami, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> SD GETRUDE, MINKIEWICZ 8701 SW 137 AVE, STE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> Director Kathleen Kather 8701 SW 137th Ave, Suite 200 Miami, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> D DOUGLAS, BAKER 8701 SW 137 AVE, STE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> D CLAY, MARY JANE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> D BETTS, ELEANOR 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> D BETTS, ELEANOR 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #