



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90048 046 \*\*\*\*61.25

<b>DOCUMENT # N97000007041</b> 1. Entity Name <b>TOTAL HEALTH CHOICE, INC.</b>					
Principal Place of Business <b>8701 SW 137 AVE 200 MIAMI, FL 33183</b>			Mailing Address <b>P.O. BOX 830010 MIAMI, FL 33289-0010</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02052007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>33-0603319</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>ALGATE, LYLE 8701 S.W. 137TH AVENUE SUITE 200 MIAMI, FL 33183</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALGATE, LYLE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lyle Cole 8701 SW 137th Ave., Suite 200 Miami, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRANCES, LYNCH 8701 SW 137 AVE, STE 200 MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kathleen Kather 8701 SW 137th Ave., Suite 200 Miami, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GETRUDE, MINKIEWICZ 8701 SW 137 AVE, STE 200 MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, BAKER 8701 SW 137 AVE, STE 200 MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, MARY JANE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, JEANETTE 8701 SW 137TH AVE, SUITE 200 MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>2/5/07</b> Daytime Phone #: <b>(313) 871-7879</b>		