

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90266 037 ****61.25

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 ESQUIRE
8701 S.W. 137TH AVENUE
SUITE 200
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name

Lyle Algate

Street Address (P.O. Box Number is Not Acceptable)

8701 SW 137th Ave., Ste 200

City

Miami

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lyle E. Algate

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | RIMMER, KENNETH | |
| STREET ADDRESS | 8701 SW 137 AVE, STE 200 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | FRANCES, LYNCH | |
| STREET ADDRESS | 8701 SW 137 AVE, STE 200 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GETRUDE, MINKIEWICZ | |
| STREET ADDRESS | 8701 SW 137 AVE, STE 200 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOUGLAS, BAKER | |
| STREET ADDRESS | 8701 SW 137 AVE, STE 200 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lyle Algate | |
| STREET ADDRESS | 8701 SW 137th Ave, Ste 200 | |
| CITY-ST-ZIP | Miami, FL 33183 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mary June Clay | |
| STREET ADDRESS | 8701 SW 137th Ave, Ste 200 | |
| CITY-ST-ZIP | Miami, FL 33183 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Eleanor Belts | |
| STREET ADDRESS | 8701 SW 137th Ave, Ste 200 | |
| CITY-ST-ZIP | Miami, FL 33183 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 with all other like empowered.

SIGNATURE:

Lyle E. Algate

2/4/03

305-406-5802

CR2E037 (10/02)