


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90051 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # N98000006714 1. Corporation Name CHOICE HEALTH ALLIANCE, INC.																																																																											
Principal Place of Business C/O UNIVERSITY COMMUNITY HOSPITAL 3100 EAST FLETCHER AVENUE TAMPA FL 33613-4688		Mailing Address C/O UNIVERSITY COMMUNITY HOSPITAL 3100 EAST FLETCHER AVENUE TAMPA FL 33613-4688																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																									
3. Date Incorporated or Qualified 11/25/1998		4. FEI Number 59-3562343																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																									
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name Mick - Mullen, Joline 82 Street Address (P.O. Box Number is Not Acceptable) 3100 East Fletcher Avenue 83 84 City Tampa FL 85 Zip Code 33613																																																																									
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																											
12. OFFICERS AND DIRECTORS																																																																											
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\DOC\37\111001