FILED
Jul 30, 2003 8:00 am
Secretary of State
07-30-2003 90065 032 ***550.00

07/25/03 FRI 13:24 FAX 8132827250 CHOICE MEDICAL MGMT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SEA STEVEN IN TAMPA. I Need To SEND Signed Form W/ Check.. Thanks, STEVEN

ENTERED 7-18-03

DOCUMENT # P01000044898

1. Entity Name
CHOICE MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
5951 CATTLERIDGE BLVD., STE. 200 SARASOTA FL 34232	5951 CATTLERIDGE BLVD., STE. 200 SARASOTA FL 34232

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 59-3742003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCONNAUGHHAY, JAMES N 101 N MONROE ST., STE. 900 TALLAHASSEE FL 32302-0229	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligation of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 30, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BARRETT, TOM 1408 WESTSHORE BLVD, SUITE 700 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR OLWERT, ANDREW 5951 CATTLERIDGE BLVD, SUITE 200 SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR SEAY, SONDRA 1408 WESTSHORE BLVD , SUITE 700 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MCCONNAUGHHAY, JAMES N 101 N MONROE STREET, SUITE 900 TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NOWORYTA, RICH 5951 CATTLERIDGE BLVD, SUITE 200 SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CRPF034 (4/03)

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 607, 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: _____ 07-17-03 282-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #