

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000085489**

1. Entity Name  
**HEALTHCHOICES INCORPORATED**



Principal Place of Business  
**2904 WEST BAY TO BAY BLVD  
TAMPA, FL 33629**

Mailing Address  
**2904 WEST BAY TO BAY BLVD  
TAMPA, FL 33629**



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3741257**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANIGAN, DAVID C  
10927 NORTH 56TH STREET  
TAMPA, FL 33617**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000402278  
02/03/06-80001-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BODDEN, MITHCELL J  
STREET ADDRESS 2904 W. BAY TO BAY BLVD.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE TD  
NAME HERMIDA, ROBERT R  
STREET ADDRESS 3712 ORANGEPOINTE RD.  
CITY-ST-ZIP VALRICO, FL 33694

TITLE SD  
NAME BODDEN, BARBARA  
STREET ADDRESS 2904 W. BAY TO BAY BLVD.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/06 813 85 2496**

Date

Daytime Phone #