

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085489

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEALTHCHOICES INCORPORATED

Current Principal Place of Business:

2904 WEST BAY TO BAY BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2904 WEST BAY TO BAY BLVD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3741257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERMIDA, ROBERT R
Address: 3712 ORANGEPOINTE RD
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: BODDEN, MITCHELL J
Address: 2904 W BAY TO BAY BLVD.
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: BODDEN, BARBARA
Address: 2904 W. BAY TO BAY BLVD.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R HERMIDA

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date