


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90112 042 \*\*\*150.00

<b>DOCUMENT # P02000012831</b> 1. Entity Name <b>MEDICHOICE, INC.</b>	
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Principal Place of Business <b>6175 NW 153ST 223 MIAMI LAKES, FL 33014</b>	Mailing Address <b>6175 NW 153ST 223 MIAMI LAKES, FL 33014</b>
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**30054409**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3605857</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CASTRO, JUAN 16612 NW 71 CT MIAMI LAKES, FL 33014</b>
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**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 \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LEON, MARIA C RPT 16612 NW 71 CT MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTRO, JUAN F 16612 N W 71CT MIAMI LAKES, FL 33014
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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 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:**

*Juan F Castro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*06/29/05*  
Date

*305-300-0635*  
Daytime Phone #

ATTACHMENT

~~#002000012831~~  
50054409

Medichoice, Inc..  
6175 NW 153 Street Ste# 223  
Miami Lakes, FL 33014


June 29, 2005

Florida Department of State,

We never received the annual 2005 report, please wave the delay fee of \$400.00.

Thank you,

Medichoice, Inc.

A handwritten signature in black ink, consisting of a stylized 'M' and 'C' intertwined.