

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059000

FILED
Jan 16, 2005
Secretary of State

Entity Name: PERSONAL CHOICE FAMILY PRACTICE INC.

Current Principal Place of Business:

5841 CORPORATE WAY, STE. 105
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5841 CORPORATE WAY, STE. 105
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 13-4253424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STITSKY, LORNE S
5841 CORPORATE WAY, STE. 105
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

STITSKY, LORNE S DR.
5841 CORPORATE WAY, STE. 105
WEST PALM BEACH, FL 33407 US

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: LORNE S. STITSKY

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STITSKY, LORNE S
Address: 5841 CORPORATE WAY, STE. 105
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STITSKY, LORNE S DR.
Address: 5841 CORPORATE WAY, STE. 105
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. LORNE S. STITSKY

PD

01/16/2005

Electronic Signature of Signing Officer or Director

Date