


2004 FORP ROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90010 022 ***150.00

DOCUMENT # P03000083669		
1. Entity Name RIGHT CHOICE AMERICA, INC		
Principal Place of Business 12555 ORANGE DRIVE SUITE 122 DAVIE, FL 33330	Mailing Address 12555 ORANGE DRIVE SUITE 122 DAVIE, FL 33330	

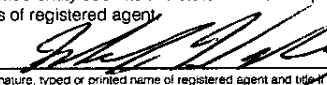
24082279



2. Principal Place of Business 1382 SHORELINE DRIVE Suite, Apt. #, etc. SUITE A City & State GULF BREEZE FL Zip FL	3. Mailing Address 1382 SHORELINE DRIVE Suite, Apt. #, etc. SUITE A City & State GULF BREEZE FL Zip 32561	07292004 Chg-P CR2E034 (10/03)	4. FEI Number 86-1075621	Applied For Not Applicable
Country SANTA ROSA	Country SANTA ROSA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BOWLBY, DAVID 12555 ORANGE DRIVE SUITE 122 DAVIE, FL 33330	7. Name and Address of New Registered Agent Name MARK WALLY Street Address (P.O. Box Number is Not Acceptable) 1382 SHORELINE DRIVE SUITE A City GULF BREEZE FL Zip Code 32561
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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.

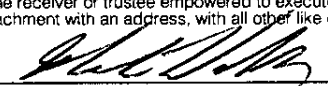
SIGNATURE  DATE 8/24/04

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

FILED OWIIFE EIS \$1 50.00 Dueby 5 eptember8 ,2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOWLBY, DAVID 4075 W RIDGEVIEW DRIVE DAVIE, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARK WALLY 1382 SHORELINE DRIVE SUITE A GULF BREEZE FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEST, MARTIN 11805 ACORN DRIVE DAVIE, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE 8/24/04 860-932-9976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR