

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130935

FILED  
Feb 05, 2004  
Secretary of State

**Entity Name:** PATIENTS' CHOICE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

14860 NORTH MIAMI AVENUE  
NORTH MIAMI, FL 33168

**New Principal Place of Business:**

15251 NE 18TH AVE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

14860 NORTH MIAMI AVENUE  
NORTH MIAMI, FL 33168

**New Mailing Address:**

15251 NE 18TH AVE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARLES, SHAWNA  
14860 NORTH MIAMI AVENUE  
NORTH MIAMI, FL 33168

**Name and Address of New Registered Agent:**

CHARLES, SHAWNA  
15251 NE 18TH AVE  
NORTH MIAMI BEACH, FL 33162

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:

02/05/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CHARLES, SHAWNA  
Address: 14860 NORTH MIAMI AVENUE  
City-St-Zip: NORTH MIAMI, FL 33168

Title: VSD ( ) Delete  
Name: CHRISTEN, IVORY  
Address: 14860 NORTH MIAMI AVENUE  
City-St-Zip: NORTH MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: CHARLES, SHAWNA  
Address: 15251 NE 18TH AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VSD (X) Change ( ) Addition  
Name: BROWN-EUSTACHE, BRIDGETTE  
Address: 15251 NE 18TH AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: SHAWNA CHARLES

PTD

02/05/2004

Electronic Signature of Signing Officer or Director

Date