

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086344

FILED  
May 01, 2006  
Secretary of State

Entity Name: FIRST CHOICE HEALTHCARE NETWORK, INC.

**Current Principal Place of Business:**

1600 BLUE JAY CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

5100 NW 33RD AVE  
STE 140  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

4700 N STATE ROAD 7  
STE 208  
FT LAUDERDALE, FL 33319

**New Mailing Address:**

5100 NW 33RD AVE  
STE 140  
FT LAUDERDALE, FL 33309

FEI Number: 20-1195805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTMAN, STUART M  
4700 N STATE ROAD 7  
STE 208  
FT LAUDERDALE, FL 33319 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SLAKMAN, JOEL  
Address: 1600 BLUE JAY CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: VP ( ) Change (X) Addition  
Name: NICHOLSBERG, ERIC  
Address: 1713 ORCHID BEND  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL SLAKMAN

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date