

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012401

FILED  
Apr 01, 2010  
Secretary of State

Entity Name: PHYSICIAN'S CHOICE HEALTHCARE SERVICES, INC.

## Current Principal Place of Business:

125 SOUTH SR 7  
#104-113  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

125 SOUTH SR 7  
#104-114  
WELLINGTON, FL 33414 US

## Current Mailing Address:

125 SOUTH SR 7  
#104-113  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 22-3920749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORICIN, ROSE S  
125 SOUTH SR 7  
#104-113  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

MORICIN, ROSE S  
125 SOUTH SR 7  
#104-114  
WELLINGTON, FL 33414 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:

04/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: CHARLES, JERRY  
Address: 125 SOUTH SR 7 #104-114  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP  
Name: ALTINO-CHARLES, MARIE A  
Address: 125 SOUTH SR7#104-114  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: JERRY CHARLES

PRES

04/01/2010

Electronic Signature of Signing Officer or Director

Date