## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000075603** 

## FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90145 002 \*\*\*150.00

1. Entity Name ONE CHOICE HEALTH INC							
Principal Place of Business	Mailing Address	<del></del>	7				
6699 90TH AVENUE NORTH	6699 90TH AVENUE NORTH	÷					
O PINELLAS PARK, FL 33782	O Pinellas Park, Fl. 33782				<b>12</b> 0 1 <b>221 1</b> 30 <b>1</b> 41		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Read					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02072008	Chg-P	CR2E034 (12		
City & State	City & State	<del>-</del>	4. FEI Number 20-4974		-		plied Fo
Zip Country	Je1658 COU	ntry		of Status Desired		5 Add	itional
6. Name and Address of Current Registered Agent			7. Name and /	Address of New Re	gistered Agent		
PALLANTE, CHRISTOPHER A		Name					
6699 90TH AVENUE NORTH O		Street Address	s (P.O. Box Number	r is Not Acceptable)	)		
PINELLAS PARK, FL 33782							
		City			FL Z	p Code	•
8. The above named entity submits this statement for the obligations of registered agent.  3. The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its registe	red office or regist	ered agent, or both	, in the State of Flor	ida. I am familia	r with, a	and acc
SIGNATURE Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Register	ed Agent signature requir	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution	incing \$	5.00 May Be ided to Fees	,			·
After May 1, 2008 Fee will be \$550.  10. OFFICERS AND	Trust Fund Contribution  DIRECTORS 11	. 🗆 Ā	ADDITIONS/C	CHANGES TO OFFIC			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

CICNATURE

(727) 287-6500