2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# P07000071804

Entity Name: CHOICES HEALTHCARE SOLUTIONS INC.

Current Principal Place of Business:

1802 NW 42 PL
OCALA, FL 34475

New Principal Place of Business:

901 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483

Current Mailing Address:

1802 NW 42 PL
OCALA, FL 34475

New Mailing Address:

2710 FLORIDA BLVD
DELRAY BEACH, FL 33483

FEI Number: 26-1822095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ONETT, GEORGE
1802 NW 42 PL
OCALA, FL 34475 US

Name and Address of New Registered Agent:

ARCURI, IGNATIUS P ADMIN
901 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483 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: I. PAUL ARCURI 01/25/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ONETT, MICHAEL M
Address: 1 SLEEPY HOLLOW RD
City-St-Zip: ATKINSON, NH 08811

Title: VP ( ) Delete
Name: DEWERD, STACY
Address: 1722 GREENFARN CIRCLE
City-St-Zip: DACULA, GA 30019

Title: S ( ) Delete
Name: ONETT, GEORGE
Address: 1802 NW 42 PL
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: DEWERD, STACY
Address: 7819 PARRISH AVENUE, NE
City-St-Zip: OTSEGO, MN 55330

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL M. ONETT PRES 01/25/2008
Electronic Signature of Signing Officer or Director Date