

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131380

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** 1ST CHOICE MEDICAL FUNDING, INC.

**Current Principal Place of Business:**

2295 N.W. CORPORATE BLVD.  
SUITE 140  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2295 N.W. CORPORATE BLVD.  
SUITE 140  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 32-0230055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRUDEN, JAMES  
900 N. FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BROWN, GARY  
Address: 2295 N.W. CORPORATE BLVD, SUITE 140  
City-St-Zip: BOCA RATON, FL 33431

Title: VPT  
Name: GALPER, ALEX  
Address: 2295 N.W. CORPORATE BLVD, SUITE 140  
City-St-Zip: BOCA RATON, FL 33431

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: PATTY BECK

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date