

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000007931

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HEALTH CHOICE, INC.

**Current Principal Place of Business:**

4994 NW 88TH STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4994 NW 88TH STREET  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 26-1796850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLEMAN, LUCIOUS JR  
4920 NW 85TH TERR  
LAUDERHILL, FL 33351 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: P  
Name: COLEMAN, LUCIOUS JR.  
Address: 4994 NW 88TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: T  
Name: LYLE, SOPHIA  
Address: 4992 N PINE ISLAND RD  
City-St-Zip: LAUDERHILL, FL 33351

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: LUCIOUS COLEMAN, JR

P

03/23/2012

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

\_\_\_\_\_  
Date