

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094238

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHOICES HEALTH CENTER, INC.

Current Principal Place of Business:

2751 ENTERPRISE ROAD, SUITE 110
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

2751 ENTERPRISE ROAD, SUITE 110
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 30-0509181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, THERESE
603 FIORELLA COURT
DEBARY, FL 32713 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: SHULMAN, CARLA S
Address: 603 FIORELLA COURT
City-St-Zip: DEBARY, FL 32713

Title: MRS. () Change (X) Addition
Name: WILSON, THERESE L
Address: 603 FIORELLA COURT
City-St-Zip: DEBARY, FL 32713

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: THERESE WILSON

MRS.

04/30/2009

Electronic Signature of Signing Officer or Director

Date