

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094238

FILED
Jan 12, 2011
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:

2751 ENTERPRISE ROAD, SUITE
110
ORANGE CITY, FL 32763

Current Mailing Address:

2751 ENTERPRISE ROAD, SUITE 110
ORANGE CITY, FL 32763

New Mailing Address:

2751 ENTERPRISE ROAD, SUITE
110
ORANGE CITY, FL 32763

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:

WILSON, SHANE E
603 FIORELLA COURT
DEBARY, FL 32713 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: SHANE WILSON

01/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: DR.
Name: LOSS, MICHAEL R
Address: 8060 NW 96TH TERRACE #303
City-St-Zip: TAMARAC, FL 33321

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: THERESE WILSON

VP

01/12/2011

Electronic Signature of Signing Officer or Director

Date