2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104477

Entity Name: CHOICE HEALTH CARE, INC.

FILED May 09, 2009 Secretary of State

| Entity Nar | me: CHOICE | HEALTH CARE, INC. | | | | | | |
|---|---|------------------------------------|--------------|--|---|---------------|-------------------|--------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 3520 38TH ST PETER | HAVE N. RSBURG, FL | 33713 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| 515 MISSO LARGO, | | | | 3520 38TH ST PETER | | _ 33713 | | |
| FEI Number: | : 30-0517519 | FEI Number Applied For () | FEI Num | nber Not Appl | icable () | Certific | ate of Status Des | sired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| 515 MISSO LARGO, F The above | L 33770 U | S submits this statement for th | e purpose of | f changing i | ts registere | d office or I | registered age | nt, or both, |
| SIGNATUR | RE: | | | | | | | |
| | Electro | nic Signature of Registered A | gent | | | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | PRES (STELLER, STE 515 MISSOUR LARGO, FL 33 | I AVE | | Title: Name: Address: City-St-Zip: | | () Change | () Addition | |
| Title: Name: Address: City-St-Zip: | (|) Delete | | Title: Name: Address: City-St-Zip: | VP STELLER, J 515 MISSOU LARGO, FL | JRI AVE | (X) Addition | |

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: JORDAN M STELLER VP 05/09/2009