

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000048561

**FILED**  
**Feb 07, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIAN'S FIRST CHOICE, INC.

**Current Principal Place of Business:**

141 N. HIGHLAND ST.  
SUITE 4  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

141 N. HIGHLAND ST.  
SUITE 4  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 27-0236270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASEY, RICHARD A  
35619 HIGH PINES, DR.,  
EUSTIS, FL 32736 US

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

JACKSON, SUSANA C  
35619 HIGH PINES, DR.,  
EUSTIS, FL 32736 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:** SUSANA C. JACKSON

02/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CASEY, CLAIRE A  
**Address:** 35619 HIGH PINES, DR.,  
**City-St-Zip:** EUSTIS, FL 32736

**Title:** VP  
**Name:** JACKSON, SUSANA C  
**Address:** 35619 HIGH PINES, DR.,  
**City-St-Zip:** EUSTIS, FL 32736

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:** SUSANA C. JACKSON

VP

02/07/2010

Electronic Signature of Signing Officer or Director

Date