

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000048561

**FILED**  
**May 26, 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:**

1310 N. SHORE DRIVE,  
SUITE B  
LEESBURG, FL 34748

**Current Mailing Address:**

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

**New Mailing Address:**

1310 N. SHORE DRIVE,  
SUITE B  
LEESBURG, FL 34748

**FEI Number:** 27-0236270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MINCY, MINNIE A  
13524 SE 39TH TERRACE,  
SUMMERFIELD, FL 34491 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: MINNIE A. MINCY

05/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: MINNIE, MINCY A  
Address: 13524 SE 39TH TERRACE,  
City-St-Zip: SUMMERFIELD, FL 34491

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: MINNIE A. MINCY

CEO

05/26/2010

Electronic Signature of Signing Officer or Director

Date