2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# P10000016600

Entity Name: THOMAS CHOICE HEALTHCARE PROVIDERS,INC.

Current Principal Place of Business:

5707 NW 145TH AVE RD
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

5707 NW 145TH AVE RD
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 37-1595279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, FRED W JR
5707 NW 145TH AVE RD
MORRISTON, FL 32668 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

OFFICERS AND DIRECTORS:

Title: P
Name: THOMAS, FRED W JR
Address: 5707 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

Title: VP
Name: THOMAS, FRED W 3RD
Address: 5707 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

Title: T
Name: THOMAS, FLORIDA C
Address: 5707 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

Title: S
Name: CRUMEDY, FAITH W
Address: 5621 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

Title: S
Name: THOMAS, FREDA A
Address: 5707 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

Title: D
Name: CHISHOLM, LEONA R
Address: 5725 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

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: FRED W THOMAS,JR. P 04/15/2011

Electronic Signature of Signing Officer or Director — Date