

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000039727 (0)**

1. Corporation Name
QUALITY HEALTH CHOICE, INC.



Principal Place of Business: **4410 NORTH STATE RD. 7 SUITE 211 FORT LAUDERDALE FL 33319**
Mailing Address: **4410 NORTH STATE RD. 7 SUITE 211 FORT LAUDERDALE FL 33319**

3. Date Incorporated or Qualified: **05/26/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0500795**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29
30. Zip: 30 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, BERNICE
4410 NORTH STATE RD. 7
SUITE 211
FORT LAUDERDALE FL 33319**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D** DELETE
NAME: **COLLINS, BERNICE**
STREET ADDRESS: **4410 NORTH S.R. 7, STE. 211**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33319**

TITLE: **D** DELETE
NAME: **JONES, FREDERICK A**
STREET ADDRESS: **4410 NORTH S.R. 7, STE. 211**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33319**

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

1. TITLE: Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE: Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE: Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE: Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frederick A Jones Jr* **FREDERICK A JONES JR** 2/14/96 954-777-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)