


FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33319-5874	
2. Principal Place of Business 21 5950 W. OAKLAND PARK BLVD Suite, Apt. #, etc. 22 Suite 106 City & State 23 LAUDERHILL, FL Zip 24 33313		2a. Mailing Address 26 5950 W. OAKLAND PARK BLVD Suite, Apt. #, etc. 27 Suite 106 City & State 28 LAUDERHILL, FL Zip 29 33313	
9. Name and Address of Current Registered Agent COLLINS, BERNICE 4410 NORTH STATE RD. 7 SUITE 211 FORT LAUDERDALE FL 33319		81 Name 82 Street Address 5950 83 Suite 84 City LAUDERHILL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or officer or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Sign in ink, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE D NAME COLLINS, BERNICE STREET ADDRESS 4410 NORTH S.R. 7, STE. 211 CITY - ST - ZIP FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> DELETE		
TITLE D NAME JONES, FREDERICK A STREET ADDRESS 4410 NORTH S.R. 7, STE. 211 CITY - ST - ZIP FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		
13.			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that it appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE FREDERICK A. JONES FREDERICK A. JONES			



CR2E934 (9/96)