

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000039727 (0)

1. Corporation Name
QUALITY HEALTH CHOICE, INC.



Principal Place of Business 5850 W OAKLAND PRK BLVD STE 106 LAUDERHILL FL 33313 US	Mailing Address 5850 W OAKLAND PRK BLVD STE 106 LAUDERHILL FL 33313 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/26/1994	
25		30		4. FEI Number 65-0500795	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLINS, BERNICE 4410 NORTH STATE RD. 7 SUITE 211 FORT LAUDERDALE FL 33319		10. Name and Address of New Registered Agent 81 Name FREDERICK A. JONES JR. 82 Street Address (P.O. Box Number is Not Acceptable) 5950 W. OAKLAND PRK BLVD 83 SUITE 106 84 City LAUDERHILL FL 85 Zip Code 33313	
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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: *Frederick A. Jones Jr.* DATE: 4/28/98
Signature of person or persons authorized to change registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, BERNICE 5800 W OAKLAND PRK BLVD #106 LAUDERHILL FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D BERNICE COLLINS 5950 W. OAKLAND PRK BLVD #106 LAUDERHILL, FL. 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, FREDERICK A 5950 W OAKLAND PRK BLVD #106 LAUDERHILL FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/S/T/D FREDERICK A JONES JR. 5950 W. OAKLAND PRK BLVD #106 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.* DATE: 4/28/98 954-777-9996

CR2E034 (10/97)