

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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000074944 (7)**  
1. Corporation Name  
**HEALTH CHOICE PARTNERS, INC.**

Principal Place of Business <b>3401 W. END AVE., SUITE 700 NASHVILLE TN 37203</b>	Mailing Address <b>3401 W. END AVE., SUITE 700 NASHVILLE TN 37203</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/07/1994</b>		3a. Date of Last Report	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22				27			
23				28			
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_  
Signature (typed or printed name of registered agent and fee if applicable)      DATE      Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D/P/CEO/COO</b>	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Donald S. Amarel</b>	12 NAME			
STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>	13 STREET ADDRESS			
CITY - ST - ZIP	<b>Nashville, TN 37203</b>	14 CITY - ST - ZIP			
TITLE	<b>D/Exec</b>	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Keith B. Pitts</b>	22 NAME			
STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>	23 STREET ADDRESS			
CITY - ST - ZIP	<b>Nashville, TN 37203</b>	24 CITY - ST - ZIP			
TITLE	<b>V/S</b>	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Ronald P. Soltman</b>	32 NAME			
STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>	33 STREET ADDRESS			
CITY - ST - ZIP	<b>Nashville, TN 37203</b>	34 CITY - ST - ZIP			
TITLE	<b>V/T/As</b>	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Russell F. Tonnes</b>	42 NAME			
STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>	43 STREET ADDRESS			
CITY - ST - ZIP	<b>Nashville, TN 37203</b>	44 CITY - ST - ZIP			
TITLE	<b>V/As</b>	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Richard A. Parr II</b>	52 NAME			
STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>	53 STREET ADDRESS			
CITY - ST - ZIP	<b>Nashville, TN 37203</b>	54 CITY - ST - ZIP			
TITLE	<b>V/As</b>	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>James H. Spalding</b>	62 NAME			
STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>	63 STREET ADDRESS			
CITY - ST - ZIP	<b>Nashville, TN 37203</b>	64 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 110.07(3)(b), 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 the report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen H. Abbott      Karen H. Abbott      4/20/95      615-383-8599  
SIGNATURE AND TITLE OF PREPARED BY OR SIGNING OFFICER OR DIRECTOR      Title      Chapter 107, Florida Statutes