

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 AM 11: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091341 (5)

1. Corporation Name

MEDCHOICE, INC.

Principal Place of Business

Mailing Address

10621 PARIS STREET
COOPER CITY FL 33026

10621 PARIS STREET
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/19/1994

4. FEI Number

Applied For

2. Principal Place of Business

2a. Mailing Address

21

26

APPLIED FOR

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131**

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

Signature (typed or printed name of registered agent and his / her address)

NOTE: Registered Agents signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ROBERT D	12 NAME	
STREET ADDRESS	10621 PARIS STREET	13 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL 33026	14 CITY - ST - ZIP	
TITLE	PRESIDENT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ROBERT D.	22 NAME	
STREET ADDRESS	10621 PARIS STREET	23 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY, FL 33026	24 CITY - ST - ZIP	
TITLE	TREASURER	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ROBERT D.	32 NAME	
STREET ADDRESS	10621 PARIS STREET	33 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY, FL 33026	34 CITY - ST - ZIP	
TITLE	SECRETARY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ROBERT D.	42 NAME	
STREET ADDRESS	10621 PARIS STREET	43 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY, FL 33026	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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5-1-95

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)(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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert D. Stevens

4/17/95