SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name P95000019342 (1) PATIENT CHOICE, INC. Mailing Address Principal Place of Business 5043 S.W. 91ST TERRACE 5043 S.W. 91ST TERRACE COOPER CITY FL 33328 3a. Date of Last Report 3. Date Incorporated or Qualified COOPER CITY FL 33328 3/09/1995 03/09/1995 Applied For A FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 27 1876 N University Dr \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt #, etc. \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution This corporation has liability for intangible tax under s 199 032, Florida Statutes X Yes No. Country 10. Name and Address of New Registered Agent 30 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BURTON, ALAN B 82 2000 W. COMMERCIAL BLVD. 83 SUITE 114 FT. LAUDERDALE FL 33309 Zip Code 85 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. (NOTE Registered Agent signature required when twics tip right DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)Signature, typed or presed one end registered agent and title if applicable SIGNATURE Change Addition 13. OFFICERS AND DIRECTORS CR2E034 (12. 1 t Titue DELETE TITLE 1.2 NAME MUNOZ, ANNE E NAME 1.3 STREET ADDRESS 5043 S.W. 91ST TERRACE STREET ADDRESS 14 CHTY - S1 - ZIP Change Addition COOPER CITY FL 33328 CITY - ST-ZIP DELETE 2.1 MILE TITLE 2.2 NAME LISZEWSKI, BARBARA H NAME 2.3 STREET ADDRESS 1876 WATER RIDGE COURT STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition FT. LAUDERDALE FL 33326 DELETE 3 1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS Change Addition 34 CITY-ST-ZIP DELETE 4 1 HILE CITY - ST - ZIP TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS Charige Addition 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TiTLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP Change Addition CITY - ST - ZIP DELETE 61 TITLE TITLE NAME 63 STREET ADDRESS 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

R OR DIRECTOR

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