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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019342

PATIENT CHOICE, INC.

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90007 013 ***150.00



ncipal Plac	ce of Business	Mailing Address			, , , , , , , , , , , , , , , , , , ,				
	UNIVERSITY	5043 S.W. 91ST TERRACE	:						
E 200-D	*	COOPER CITY FL 33328							
NTATION F	FL 33322	•			DO NO	T WRITE IN THIS	SPACE		
•					3. Date Incorporated or Q	ualifed			
					03/09/1995	<u></u>			
Principal F	Place of Business	2a. Mailing Address			4, FEI Number	1	Ar	oplied For	
1868	North University	26 5043 S.W. 91	ct T	errace	65-0564527		No	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	~ ~	. OII GCC	5, Certificate of Status Des	aired 5	\$8.75	Additional	
	302	27	9		5. Certificate of Status Des	eu (t/ 2	Fee Re	equired	
City & Sta	7.	City & State			6. Election Campaign Fina	incing _	\$5.00	May Be	
	ation,Fl.	28 Cooper City	28 Cooper City F1.		Trust Fund Contribution Added to Fees				
Zip ·	Country	Zip	Cou	•	8. This corporation owes t	he current year Inte	angible		
33322			o U	S A	Personal Property Tax.		ŬYes	□No	
	. 9. Name and Address of Curren				10. Name and Address of	New Registered	Agent	***	
n.		भागाम्य		81 Name				·	
	ITON, ALAN B			82 Street Add	Irono (D.O. Boy Number in Net 1	\anantabl=\	<u> </u>		
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Purcuant	to the provisions of Sections 607.050	2 and 607 1608 Florida Statutar	the e	hove named s	noration automite this statement		obonola a 11		
NATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered	Agent signature require	ed when reinstating);	DATE			
	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES 1	O OFFICERS AN	D DIRECTO	RS IN 12	
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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 one an attachment with an address, with all other like empowered.

IGNATURE: _