

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

PROFIT  
CORPORATION.  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

02-05-1999 90007 013 \*\*\*\*150.00

DOCUMENT # **P95000019342**

Corporation Name  
**PATIENT CHOICE, INC.**

Principal Place of Business

**76 NORTH UNIVERSITY  
SUITE 200-D  
PLANTATION FL 33322**

Mailing Address

**5043 S.W. 91ST TERRACE  
COOPER CITY FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/09/1995**

4. FEI Number

**65-0564527**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

Principal Place of Business

**1868 North University  
Suite, Apt. #, etc.  
302**

2a. Mailing Address

**26 5043 S.W. 91st Terrace  
Suite, Apt. #, etc.**

City & State

**Plantation, FL**

City & State

**28 Cooper City FL**

Zip Country

**33322 25 U S A**

Zip Country

**29 33328 30 U S A**

9. Name and Address of Current Registered Agent

**BURTON, ALAN B.  
2000 W. COMMERCIAL BLVD.  
SUITE 114  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE  
**D MUNOZ, ANNE E**  
2. STREET ADDRESS  
**5043 S.W. 91ST TERRACE**  
3. CITY-STATE-ZIP  
**COOPER CITY FL 33328**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

1. NAME ☐ DELETE  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

1. NAME ☐ DELETE  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

1. NAME ☐ DELETE  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

1. NAME ☐ DELETE  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

1. NAME ☐ DELETE  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-13-99 (954) 476-8522**

CR2E034 (11/98)