

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90146 035 \*\*\*150.00

DOCUMENT # P9500019342

1. Entity Name

PATIENT CHOICE, INC.

DO NOT WRITE IN THIS SPACE

648166

2. Principal Place of Business

1868 N. University Drive

3. Mailing Address

1868 N. University Drive

Suite, Apt. #, etc.  
Suite #302Suite, Apt. #, etc.  
Suite #302

DO NOT WRITE IN THIS SPACE

City &amp; State

Plantation, FL

City &amp; State

Plantation, FL

4. FEI Number

65-0564527

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Alan B. Burton

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

2000 W. Commercial Blvd. Ste. #114

City

Ft. Lauderdale

FL

Zip Code  
33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
Anne E. Munoz  
15200 87th Road North  
Loxahatchee, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(954) 474-5111

Daytime Phone #

CR2E034B (12/01)