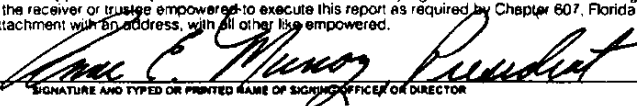


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-22-2007 90101 021 ***150.00

DOCUMENT # P95000019342					
1. Entity Name PATIENT CHOICE, INC.					
Principal Place of Business 1868 N UNIVERSITY DR SUITE 302 PLANTATION, FL 33322 US			Mailing Address 1868 N UNIVERSITY DR SUITE 302 PLANTATION, FL 33322 US		
2. Principal Place of Business - No P.O. Box # 7771 West Oakland Pk Blvd Suite, Apt. #, etc. Suite 100		3. Mailing Address 7771 West Oakland Pk Blvd Suite, Apt. #, etc. Suite 100		 01082007 Chg-P CR2E034 (12/06)	
City & State Surprise, FL		City & State Surprise, FL			
Zip 33351	Country USA	Zip 33351	Country USA	4. FEI Number 65-0564527	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BURTON, ALAN B 2000 W. COMMERCIAL BLVD. SUITE 114 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNOZ, ANNE E 6623 BRISTOL LAKE SOUTH DELRAY BEACH, FL 33446	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.					
SIGNATURE:  2-15-07 (954) 474-5111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					