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Secretary of State

01-22-2007 90101 021 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000019342

1. Entity Name
PATIENT CHOICE, INC.

Principal Place of Business	Mailing Address
1868 N UNIVERSITY DR SUITE 302 PLANTATION, FL 33322 US	1868 N UNIVERSITY DR SUITE 302 PLANTATION, FL 33322 US

01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7771 West Oakland Pk Blvd		7771 West Oakland Pk Blvd	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Sunrise, FL		City & State: Sunrise, FL	
Zip: 33351	Country: USA	Zip: 33351	Country: USA

4. FEI Number: 65-0564527 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURTON, ALAN B 2000 W. COMMERCIAL BLVD. SUITE 114 FT. LAUDERDALE, FL 33309	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 reinstating) 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 like empowered.

SIGNATURE: Anne E. Munoz President 2-15-07 (954) 474-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #