

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065480 ✓

1. Entity Name

Patients Choice Network, Inc.

Principal Place of Business

222 W. Comstock Ave.  
Suite 111  
Winter Park, FL 32789

Mailing Address

222 W. Comstock Ave.  
Suite 111  
Winter Park, FL 32789

2. Principal Place of Business

400 N. Wymore Rd.  
Suite, Apt. #, etc.  
Suite 110

3. Mailing Address

P.O. Box 547607  
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Orlando, FL

Zip

32789

Country

USA

Zip

32804-7607

Country

USA

4. FEI Number

59-3334796

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Hutchins, Robert J.  
222 W. Comstock Ave.  
Suite 111  
Winter Park, FL 32789

7. Name and Address of New Registered Agent

Name Hutchins, Robert J.  
Street Address (P.O. Box Number is Not Acceptable)  
400 N. Wymore Rd.  
Suite 110  
City Winter Park FL Zip Code 32789

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]*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 D  
NAME Hutchins, Robert J.  
STREET ADDRESS 222 W. Comstock Ave Suite 111  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Hutchins, Robert J.  
STREET ADDRESS 400 N. Wymore Rd, Suite 110  
CITY-ST-ZIP Winter Park, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. HUTCHINS 5/1/2000

Date

(407) 645-2377

Daytime Phone #

CR2E034 (9/99)