

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90012 001 ***150.00

DOCUMENT # **P96000071896**

1. Corporation Name

HEALTHCARE CHOICES, INC.



Principal Place of Business

**1061 RIVERSIDE AVE
ST 100
JACKSONVILLE FL 32204
US**

Mailing Address

**1061 RIVERSIDE AVE
STE 100
JACKSONVILLE FL 32204
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

59-3402297

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.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRACKEN, MICHAEL J
2844 CHRISTOPHER CREEK ROAD N
JACKSONVILLE FL 32217**

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

11. 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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BRACKEN, MICHAEL J**
STREET ADDRESS **2844 CHRISTOPHER CREEK RD N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 1, 1999 904-353-3350

CR2E034 (5/99)

0004077

HEALTHCARE CHOICES, INC.

July 1, 1999

593745-90012-1
P96000071896

Division of Corporations
ATTN: Annual Reports\Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed are a completed Profit Corporation Annual Report for 1999 and a check for \$150.00

We recently received the attached 1999 Profit Corporation Annual Report Packet Second Notice relative to P 96000071896 indicating that we had not filed the 1999 Annual Report. We immediately inspected our files and records in order to locate the first packet. However, a thorough search of records and files maintained here failed to reveal any indication that documents had been received and processed.

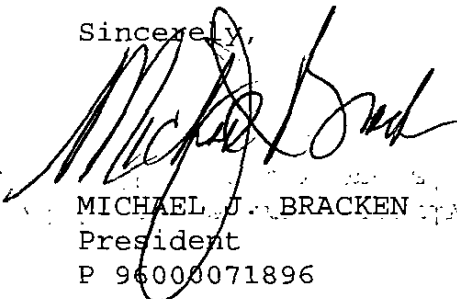
We know you sent them out. Although we are a fairly new corporation, we are fully aware that it is our responsibility to file an accurate annual report on a timely basis.

We recently reorganized the physical location of our office. At the time of the reorganization, we began experiencing some personnel turbulence that impacted negatively on our operations. We feel this situation was responsible for the annual report documents being misplaced and therefore not completed.

In as much as we are a fairly new corporation, we respectfully request a waiver of the late fee.

Thank your for your time and consideration.

Sincerely,



Enclosures

MICHAEL J. BRACKEN
President
P 96000071896