

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90040 023 ***158.75

DOCUMENT # P98000033897

1. Entity Name
CHOICE CARE HEALTH PLAN, INC.



Principal Place of Business
**1081 PORT MALABAR BLVD NE
PALM BAY, FL 32905**

Mailing Address
**1081 PORT MALABAR BLVD NE
PALM BAY, FL 32905**

54019678



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3547676

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

**LANDAU, MICHAEL
1081 PORT MALABAR BLVD NE
PALM BAY, FL 32905**

Name

Street

City

**Lawrence F. Kranert, JR.
675 S. Babcock St.
Melbourne, FL 32901**

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

Lawrence F. Kranert, JR.

3/14/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PCD
LANDAU, MICHAEL
1081 PORT MALABAR BLVD NE
PALM BAY, FL 32905** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
Lawrence F. Kranert, JR.
675 S. Babcock St.
Melbourne, FL 32901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THAREJA, SUBHASH K
655 S. APOLLO BLVD.
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Lawrence F. Kranert, JR.
675 S. Babcock St.
Melbourne, FL 32901** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence F. KRANERT, JR

3/14/04

321-951-8695