2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P98000033897

Entity Name: CHOICE CARE HEALTH PLAN, INC.

Current Principal Place of Business:

1081 PORT MALABAR BLVD NE
PALM BAY, FL 32905

New Principal Place of Business:

675 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

Current Mailing Address:

1081 PORT MALABAR BLVD NE
PALM BAY, FL 32905

New Mailing Address:

675 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

FEI Number: 59-3547676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRANERT, LAWRENCE F JR.
675 S. BABCOCK ST.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: KRANERT, LAWRENCE F JR.
Address: 675 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: THAREJA, SUBHASH K
Address: 655 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CODY, JANET
Address: 675 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

Title: P, D (X) Change ( ) Addition
Name: THAREJA, SUBHASH K
Address: 655 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Change (X) Addition
Name: HARRIS, DEWEY L
Address: 976 BREVARD AVENUE, SUITE D
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUBHASH K. THAREJA, MD P, D 04/04/2005

Electronic Signature of Signing Officer or Director — Date