2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State
04-28-2006 90199 014 ***158.75

DOCUMENT # P98000033897

1. Entity Name
CHOICE CARE HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
675 SOUTH BABCOCK STREET MELBOURNE, FL 32901	675 SOUTH BABCOCK STREET MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CODY, JANET
STREET ADDRESS	675 S. BABCOCK ST.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	P, D
NAME	THAREJA, SUBHASH K
STREET ADDRESS	655 S. APOLLO BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	HARRIS, DEWEY L
STREET ADDRESS	976 BREVARD AVENUE, SUITE D
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/27/06 321-951-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AS Attorney in fact

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CHOICE CARE HEALTH PLAN, INC.

ATTACHMENT
W6018585
[redacted]

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Subhash K. Thareja, President