

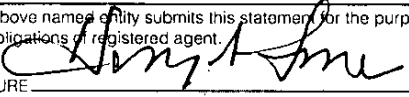
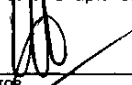
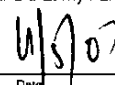


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90071 043 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P98000033897 1. Entity Name CHOICE CARE HEALTH PLAN, INC. | | | |  | |
| Principal Place of Business 675 SOUTH BABCOCK STREET MELBOURNE, FL 32901 | | | Mailing Address 675 SOUTH BABCOCK STREET MELBOURNE, FL 32901 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3547676 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04052007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent KRANERT, LAWRENCE F JR. 675 S. BABCOCK ST. MELBOURNE, FL 32901 | | | 7. Name and Address of New Registered Agent Name HARRY A. JONES Street Address (P.O. Box Number is Not Acceptable) 1901 SOUTH HARBOR CITY BLVD SUITE # 500 City MELBOURNE FL Zip Code 32901 | | |
| 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  HARRY A. JONES, REGISTERED AGENT 4-9-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D CODY, JANET 675 S. BABCOCK ST. MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, D THAREJA, SUBHASH K 655 S. APOLLO BLVD. MELBOURNE, FL 32901 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, DEWEY L 976 BREVARD AVENUE, SUITE D ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:  | | | Date  Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |