

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000033897

**FILED**  
**Dec 01, 2014**  
**Secretary of State**

**Entity Name:** CHOICE CARE HEALTH PLAN, INC.

**Current Principal Place of Business:**

675 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

675 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3547676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, HARRY A  
1901 S HARBOR CITY BLVD  
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:** HARRY JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

**SIGNATURE:** SUBHASH THAREJA

P

12/01/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date