

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102806

1. Entity Name

FIRST CHOICE HEALTH MANAGEMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90302 026 ***158.75

Principal Place of Business

Mailing Address

PO BOX 228
SEBRING FL 33871

PO BOX 228
SEBRING FL 33871

2. Principal Place of Business

3. Mailing Address

2704 FAIRMOUNT DRIVE

SEBRING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING FL

4. FEI Number

Applied For

65-0963573

Not Applicable

Zip

Country

Zip

Country

33870

US

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

BARLAAN, ARTHUR
2301 US HIGHWAY 27 SOUTH
SEBRING FL 33872

Name BARLAAN, ARTHUR
Street Address (P.O. Box Number is Not Acceptable)
2702 FAIRMOUNT DRIVE

City SEBRING FL Zip 33870

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.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RAFFINAN, JOSE JR
STREET ADDRESS 2625 WESTVIEW COURT
CITY-ST-ZIP CLEARWATER FL 34621

TITLE PD ☒ Change ☐ Addition
NAME RAFFINAN, JOSE JR
STREET ADDRESS 2625 WESTVIEW CT
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VD ☐ Delete
NAME RAFFINAN, MARIA
STREET ADDRESS 2625 WESTVIEW COURT
CITY-ST-ZIP CLEARWATER FL 34621

TITLE VD ☒ Change ☐ Addition
NAME RAFFINAN, MARIA
STREET ADDRESS 2625 WESTVIEW CT
CITY-ST-ZIP CLEARWATER FL 33761

TITLE SD ☐ Delete
NAME BARLAAN, ARTHUR
STREET ADDRESS 3506 COUNTRY CREEK LANE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BARLAAN, JOCELYN
STREET ADDRESS 3506 COUNTRY CREEK LANE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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 #

ARTHUR BARLAAN SECRETARY 4/28/2000 863-385-4325

CR2E034 (9/99)