

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102806

1. Entity Name

FIRST CHOICE HEALTH MANAGEMENT, INC.

Principal Place of Business

2704 FAIRMOUNT DRIVE  
SEBRING FL 33870  
US

Mailing Address

PO BOX 228  
SEBRING FL 33871

2. Principal Place of Business

1301-10th Street East

3. Mailing Address

3869 5th Ave North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Palmetto, Florida

City & State

St. Petersburg Florida

Zip

3422

Country

U.S.

Zip

33713

Country

U.S.

4. FEI Number

65-0963573

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARLAAN, ARTHUR  
2702 FAIRMOUNT DRIVE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Derek McGarvey

Street Address (P.O. Box Number is Not Acceptable)

3869 5th Ave N.

City

St. Petersburg

FL

Zip Code

33713

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

Derek McGarvey, President

4/24/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAFFINAN, JOSE JR	
STREET ADDRESS	2625 WESTVIEW COURT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAFFINAN, MARIA	
STREET ADDRESS	2625 WESTVIEW COURT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARLAAN, ARTHUR	
STREET ADDRESS	3506 COUNTRY CREEK LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARLAAN, JOCELYN	
STREET ADDRESS	3506 COUNTRY CREEK LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Derek McGarvey	
STREET ADDRESS	10404 97th St. N.	
CITY-ST-ZIP	Largo FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Derek McGarvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

727-328-2953



DO NOT WRITE IN THIS SPACE

0532052

CR2E034 (10/00)