2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

	ANNUAL	REPORT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Secrei	ary oi Si	ale	
DOCUMENT # P99000102806 1. Entity Name EIRST CHOICE HEALTH MANAGEMENT, INC.					02-25-200	8 90059 046 ***15	50.00	
FIRST CHOICE HEALTH MANAGEMENT, INC.								
Principal Plac	e of Business	Mailing Address		78.	, v v + ·			
	PRESS STREET	4920 W. CYPRESS STREET					,	
		SUITE 108 TAMPA, FL 33607		, ,			11 5 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
2860	Scherer Dr.	2860 Scheve	101		IJ 130 18310 18111 08111 BB(1) 83	.	ITOI (I IDEF	
Suite, Apt. #, etc. Ste 650		Ste 650		0215200	8 Chg-P	CR2E034 (12/06)		
City & Stat		City & State St. Vetersbo	12 6	4. FEI Nui	mber 963573		plied For at Applicable	
Zip スラフ	County D. Mas	Zip Co	neiles		ate of Status Desired	\$8.75 Add	litional	
337	6. Name and Address of Current F		16 1157		ind Address of New I		-	
MCGARVEY, DEREK				McGarrey Derek				
4920 W. CYPRESS STREET			Street A	ddress (P.O. Box Nu	nber is Not Acceptable	le)		
SUITE 108 TAMPA, FL 33607			S	te 650				
			City	~ t	2119	FL Zip Code	 Ž1 L	
	named entity submits this statement for tions of registered agent.	the purpose of changing its regist	ered office or			lorida. I am familiar with,	and accept	
	Olyny / Se					116/08		
SIGNATURE	Signature, typed of printed name of ingistered agent a	nd title if applicable. (NOTE: Regist	tered Agent signatu	ure required when reinstating		DATE		
		9. Election Campaign Fir	nancing	\$5.00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	~		Added to Fees			-	
10.	OFFICERS AND I	DIRECTORS 1	1.			FICERS AND DIRECTORS	3 IN 11	
TITLE NAME	PD MCGARVEY, DEREK	/	ITLE IAME	PO, VP, S.	y, Derek	Change Change	Addition	
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12. Thereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/200

Daytime Phone #