2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01549

FILED Apr 13, 2004 Secretary of State

Entity Name: FLORIDA CHOICE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
501 W VI	NE ST			
USSIMME	E, FL 34741	US		
urrent M	lailing Addres	s:	New Mailing Address	s:
501 W VI	NE ST			
STE 130 (ISSIMME	E, FL 34741	US		
El Number	: 59-3112976	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	ARD, KAREN			
he above	e of Florida.	US	purpose of changing its registere	ed office or registered agent, or both,
OAVENPO The above In the State	PRT, FL 33837 named entity se of Florida. RE: Electror	US		ed office or registered agent, or both, Date
DAVENPO The above the State BIGNATUI	PRT, FL 33837 named entity se of Florida. RE: Electror	Submits this statement for the submits this statement for the size of Registered Ages of Trust Fund Contribution ().	ent	
DAVENPO The above the State BIGNATUI	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC	Submits this statement for the submits this statement for the signature of Registered Agg Trust Fund Contribution (). TORS: Delete KAREN, DURSE PKWY	ent	Date
DAVENPO The above The State SIGNATUI Ilection Car DFFICER title: ame: ddress:	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC VD () WOODWARD, 1112 GOLF CO DAVENPORT, F	Submits this statement for the submits statement for th	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAREN WOODWARD VD 04/13/2004