

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V46984 (3)
 1. Corporation Name

FIRST CHOICE MEDICAL, INC.



Principal Place of Business: 1533 SW 1ST WAY, SUITE F-20, DEERFIELD BEACH FL 33064 US
 Mailing Address: 1533 SW 1 WAY, SUITE F-20, DEERFIELD BEACH FL 33064 US

2. Principal Place of Business: 21 Suite, Apt. #, etc: F-15; 22 City & State: [blank]; 23 Zip: [blank]; 24 Country: [blank]
 2a. Mailing Address: 26 Suite, Apt. #, etc: F-15; 27 City & State: [blank]; 28 Zip: [blank]; 29 Country: [blank]

3. Date Incorporated or Qualified: 06/25/1992; 3a. Date of Last Report: 04/11/1995
 4. FEI Number: 65-0346436; Applied For: [blank]; Not Applicable: [checked]
 5. Certificate of Status Desired: [blank]; \$8.75 Additional Fee Required: [checked]
 6. Election Campaign Financing Trust Fund Contribution: [blank]; \$5.00 May Be Added to Fees: [checked]
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [blank]; Yes: [blank]; No: [checked]

9. Name and Address of Current Registered Agent: ABRAMSON, LAWRENCE M, 1880 FOREST HILL BLVD, SUITE 200, WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent: 81 Name: [blank]; 82 Street Address (P.O. Box Number is Not Acceptable): [blank]; 83 [blank]; 84 City: [blank]; 85 Zip Code: FL [blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [blank]; Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	RENNA, WENDY	
STREET ADDRESS	11730 NW 39TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALCHINS, LESLIE	
STREET ADDRESS	11211 S. MILITARY TRAIL, 5023	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Renna Wendy	
13 STREET ADDRESS	4701 N.W. 21ST COURT	
14 CITY-ST-ZIP	COCONUT CREEK, FL 33064	
21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Leslie	
23 STREET ADDRESS	108 Belmont Dr	
24 CITY-ST-ZIP	ROYAL PALM BCH, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wendy Renna* Wendy RENNA 6/10/96 954-428-3211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #

CR2E034 (3/96)