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PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 MAR 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51303** **(8)**

1. Corporation Name

PATIENTS CHOICE, INC.

Principal Place of Business	Mailing Address
2050 CORAL WAY STE 511 MIAMI FL 33145 US	2050 CORAL WAY STE 511 MIAMI FL 33145 US

3. Date Incorporated or Qualified: 07/15/1992

3a. Date of Last Report: 04/24/1995

4. FEI Number: 65-0345913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6001 NW 153 St	26 6001 NW 153 St
Suite, Apt. #, etc. 22 Ste E	Suite, Apt. #, etc. 27 Ste E
City & State 23 Miami, FL	City & State 28 Miami FL
Zip 24 33014	Zip 29 33014
Country 25 DADE	Country 30 DADE

9. Name and Address of Current Registered Agent

DE LAS CASAS, ALEXANDRA
3048 SHIPPING AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Eliesee Quesada

82 Street Address (P.O. Box Number is Not Acceptable): 6001 NW 153 ST

83: Ste E

84 City: Miami FL 85 Zip Code: 33014

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: Eliesee Quesada — Eliesee Quesada — 3/26/96

Signature, typed or printed name of registered agent, and title if applicable — (NOTE: Registered Agent Signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	DE LAS CASAS, ALEXANDRA		1.2 NAME	Quesada, Eliesee
STREET ADDRESS	1408 SE BAYSHORE DR, #309		1.3 STREET ADDRESS	6001 NW 153 St Ste E
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33014
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

3/27

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eliesee Quesada — Eliesee Quesada — 3/26/96 — (305) 557-8199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #