

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000094238

Entity Name: CHOICES HEALTH CENTER, INC.

Current Principal Place of Business:

747 FAWN RIDGE DRIVE
SUITE 100
ORANGE CITY, FL 32763

Current Mailing Address:

747 FAWN RIDGE DRIVE
SUITE 100
ORANGE CITY, FL 32763 US

FEI Number: 30-0509181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, SHANE E
603 FIORELLA COURT
DEBARY, FL 32713 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MS.
Name SHULMAN, CARLA S ARNP
Address 747 FAWN RIDGE DRIVE
SUITE 100
City-State-Zip: ORANGE CITY FL 32763

Title COO, MR.
Name WILSON, SHANE E
Address 747 FAWN RIDGE DRIVE
SUITE 100
City-State-Zip: ORANGE CITY FL 32763

Title MEDICAL DIRECTOR
Name LOSS, MICHAEL R DR.
Address 747 FAWN RIDGE DRIVE
SUITE 100
City-State-Zip: ORANGE CITY FL 32763

I hereby 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 all other like empowered.

SIGNATURE: SHANE E. WILSON

COO

07/31/2013

Electronic Signature of Signing Officer/Director Detail

Date