2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2017
Secretary of State
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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.	Title	COO, MR.
Name	SHULMAN, CARLA S ARNP	Name	WILSON, SHANE E
Address	747 FAWN RIDGE DRIVE SUITE 100	Address	747 FAWN RIDGE DRIVE SUITE 100
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	ORANGE CITY FL 32763
Title	MEDICAL DIRECTOR	Title	VP,S
Name	LOSS, MICHAEL R DR.	Name	WILSON, SHANE E
Address	747 FAWN RIDGE DRIVE SUITE 100	Address	603 FIORELLA CT.
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	DEBARY FL 32713

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 WILSON OWNER 01/06/2017

Electronic Signature of Signing Officer/Director Detail — Date