**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 28, 2015**
**Secretary of State**
**CC6468278085**

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. | Title | COO, MR. |
| Name | SHULMAN, CARLA S ARNP | Name | WILSON, SHANE E |
| Address | 747 FAWN RIDGE DRIVE<br>SUITE 100 | Address | 747 FAWN RIDGE DRIVE<br>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<br>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 VP 01/28/2015

Electronic Signature of Signing Officer/Director Detail — Date