

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000078603

**Entity Name:** FIRST CHOICE HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

10497 NW 4TH STREET  
PLANTATION, FL 33324

**Current Mailing Address:**

591 SE 12TH CT  
POMPANO BEACH, FL 33060 US

**FEI Number: 84-3432151**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TAX \$MART ACCOUNTING SERVICES LLC  
87 NE 44TH STREET  
SUITE 3  
OAKLAND PARK, FL 33334 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 P  
Name BERCOWICZ, JONATHAN E  
Address 10497 NW 4TH STREET  
City-State-Zip: PLANTATION FL 33324

*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: JONATHAN BERCOWICZ**

**CEO**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date