

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001461

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

**Current Principal Place of Business:**

709 SOUTH HARBOR CITY BLVD.  
SUITE 250  
MELBOURNE, FL 32901

**Current Mailing Address:**

709 SOUTH HARBOR CITY BLVD.  
SUITE 250  
MELBOURNE, FL 32901

**FEI Number:** 90-0687379

**Certificate of Status Desired:** No

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

CORPDIRECT AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PD	Title	STD
Name	ROMANDETTI, CHRISTIAN C	Name	BITTAR, DONALD A
Address	709 SOUTH HARBOR CITY BLVD., SUITE 250	Address	709 SOUTH HARBOR CITY BLVD., SUITE 250
City-State-Zip:	MELBORUNE FL 32901	City-State-Zip:	MELBORUNE FL 32901

*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:** CHRISTIAN C. ROMANDETTI

**PRESIDENT**

**04/25/2014**

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

\_\_\_\_\_  
Date