

**2017 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:**

ROMANDETTI, CHRISTIAN C  
709 S HARBOR CITY BLVD  
250  
MELBOURNE, FL 32901 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:** CHRISTIAN C ROMANDETTI

04/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROMANDETTI, CHRISTIAN C  
Address 709 SOUTH HARBOR CITY BLVD.,  
SUITE 250  
City-State-Zip: MELBORUNE FL 32901

Title DIRECTOR  
Name BITTAR, DONALD A  
Address 709 SOUTH HARBOR CITY BLVD.,  
SUITE 250  
City-State-Zip: MELBORUNE FL 32901

Title SECRETARY  
Name SKELDON, TIMOTHY  
Address 709 SOUTH HARBOR CITY BLVD.  
SUITE 250  
City-State-Zip: MELBOURNE 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:** TIMOTHY SKELDON

SECRETARY

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date