

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006098

FILED
Apr 14, 2014
Secretary of State
CC8542872266

Entity Name: CHOICE CARE CLINIC OF FLORIDA, INC.

Current Principal Place of Business:

117 SEABOARD LANE
DOVER CENTRE, BUILDING E
FRANKLIN, TN 37067

Current Mailing Address:

117 SEABOARD LANE
DOVER CENTRE, BUILDING E
FRANKLIN, TN 37067 US

FEI Number: 62-1797791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 CEO
Name WHITMER, WILLIAM C
Address 117 SEABOARD LANE, BUILDING E
City-State-Zip: FRANKLIN TN 37067

Title COO
Name MAZZUCA, PHILLIP J
Address 117 SEABOARD LANE, BUILDING E
City-State-Zip: FRANKLIN TN 37067

Title S
Name COYLE, FRANK A
Address 117 SEABOARD LANE, BUILDING E
City-State-Zip: FRANKLIN TN 37067

Title D
Name KRANIAS, GREG
Address 117 SEABOARD LANE BLDG E
City-State-Zip: FRANKLIN TN 37067

Title AS
Name ABBOTT, KAREN H
Address 117 SEABOARD LANE BLDG E
City-State-Zip: FRANKLIN TN 37067

Title D
Name SISITSKY, TODD B
Address 117 SEABOARD LANE, BUILDING E
City-State-Zip: FRANKLIN TN 37067

Title ASST. SECRETARY
Name MCLAUGHLIN, STACEY G
Address 117 SEABOARD LANE
DOVER CENTRE, BUILDING E
City-State-Zip: FRANKLIN TN 37067

Title CFO
Name DOYLE, JOHN M
Address 117 SEABOARD LANE
DOVER CENTRE, BUILDING E
City-State-Zip: FRANKLIN TN 37067

Continues on page 2

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: STACEY G. MCLAUGHLIN

ASST. SECRETARY

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name STOKES, WILLIAM A
Address 117 SEABOARD LANE
DOVER CENTRE, BUILDING E
City-State-Zip: FRANKLIN TN 37067