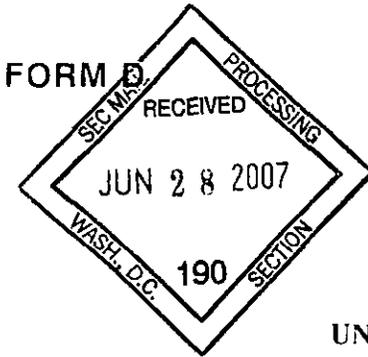


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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL table with OMB Number: 3235-0076, Expires: Estimated average burden hours per response: 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Class A Common Stock Offering Filing Under (Check boxes) that apply: [X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE Type of Filing [X] New Filing [] Amendment



A. BASIC IDENTIFICATION DATA

Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

First Choice Health Network, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) 600 University Street, Suite 1400; Seattle, WA 98101 Telephone Number (Including Area Code) 206-292-8255

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)

Brief Description of Business A physician and hospital owned company that provides health care services.

PROCESSED JUL 05 2007 THOMSON FINANCIAL

Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify) [] business trust [] limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization. Month Year [09] [814] [X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: WA) (CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(b) When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering... Copies Required: Five (5) copies of this notice must be filed with the SEC... Information Required: A new filing must contain all information requested... Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2 Enter the information requested for the following.

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Kenneth Hamm

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Curtis Taylor

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Bela Biro

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Ze'ev Young, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Diane E. Cecchetti, R.N.

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Gerald A. Cutley, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Paul M. Elliott, CPA

Business or Residence Address (Number and Street, City, State, Zip Code)

600 University Street, Suite 1400; Seattle, WA 98101

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA, continued:

| | |
|--|----------|
| Craig Hendrickson First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| William F. Johnson, M.D., FACEP First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Scott F. Kronlund, M.D., M.S. First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Richard A. McGee, M.D. First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Barbara L. Mitchell First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Jeff A. Nelson First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Erica V. Peavy, M.D. First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Richard H. Peterson First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Paul G. Ramsey, M.D. First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |

| | |
|---|------------------|
| Richard D. Roodman First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Richard E. Rust, M.D. First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Greg Van Pelt First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Clyde D. Walker First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Mitchell V. Weinberg, M.D. First Choice Health Network, Inc. 600 University Street, Suite 1400 Seattle, WA 98101 | Director |
| Northwest Hospital 1550 North 155 th Seattle, WA 98123 | Beneficial Owner |
| Providence Health System, Washington Region 506 Second Avenue, Suite 1200 Seattle, WA 98104 | Beneficial Owner |
| Good Samaritan Community Healthcare 407 14 th Avenue SE Puyallup, WA 98371 | Beneficial Owner |
| MultiCare Health System 315 Martin Luther King Jr. Way Tacoma, WA 98415 | Beneficial Owner |
| Empire Health Services 800 W. Fifth Avenue Spokane, WA 99210 | Beneficial Owner |

Swedish Medical Center
747 Broadway
Seattle, WA 98114

Beneficial Owner

Overlake Hospital Medical Center
1035 116th Avenue NE
Bellevue, WA 98004

Beneficial Owner

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 6,824.00

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)
None

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

| | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MJ | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
| RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

| | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MJ | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
| RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

| | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MJ | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
| RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security | Aggregate Offering Price | Amount Already Sold |
|---|---|---------------------|
| Debt | \$ _____ | \$ _____ |
| Equity | \$ 341,200.00 | \$ 0.00 |
| | <input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred | |
| Convertible Securities (including warrants) | \$ _____ | \$ _____ |
| Partnership Interests | \$ _____ | \$ _____ |
| Other (Specify _____) | \$ _____ | \$ _____ |
| Total | \$ 341,200.00 | \$ 0.00 |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

| | Number Investors | Aggregate Dollar Amount of Purchases |
|--|------------------|--------------------------------------|
| Accredited Investors | 0 | \$ _____ |
| Non-accredited Investors | 0 | \$ _____ |
| Total (for filings under Rule 504 only) | | \$ _____ |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.

| Type of Offering | Type of Security | Dollar Amount Sold |
|--------------------|------------------|--------------------|
| Rule 505 | _____ | \$ _____ |
| Regulation A | _____ | \$ _____ |
| Rule 504 | Class A Stock | \$ 0.00 |
| Total | | \$ 0.00 |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| | | |
|--|-------------------------------------|--------------------|
| Transfer Agent's Fees | <input type="checkbox"/> | \$ _____ |
| Printing and Engraving Costs | <input type="checkbox"/> | \$ _____ |
| Legal Fees | <input checked="" type="checkbox"/> | \$ 7,000.00 |
| Accounting Fees | <input type="checkbox"/> | \$ _____ |
| Engineering Fees | <input type="checkbox"/> | \$ _____ |
| Sales Commissions (specify finders' fees separately) | <input type="checkbox"/> | \$ _____ |
| Other Expenses (identify) _____ | <input type="checkbox"/> | \$ _____ |
| Total | <input checked="" type="checkbox"/> | \$ 7,000.00 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

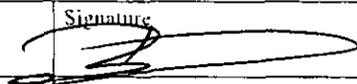
\$ 334,200.00

Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

| | Payments to Officers, Directors, & Affiliates | Payments to Others |
|--|--|--|
| Salaries and fees | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Purchase of real estate | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Purchase, rental or leasing and installation of machinery and equipment | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Construction or leasing of plant buildings and facilities | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Repayment of indebtedness | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Working capital | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ 334,200.00 |
| Other (specify): _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Column Totals | <input type="checkbox"/> \$ 0.00 | <input type="checkbox"/> \$ 334,200.00 |
| Total Payments Listed (column totals added) | <input type="checkbox"/> \$ 334,200.00 | |

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| | | |
|---|--|-----------------|
| Issuer (Print or Type) First Choice Health Network, Inc. | Signature  | Date 4/27/07 |
| Name of Signer (Print or Type) Dela M. Biro | Title of Signer (Print or Type) CFO | |

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)