

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005419

1. Entity Name
CCHP, INC.



Principal Place of Business

5400 BROKEN SOUND BLVD., NW, STE. 300
BOCA RATON, FL 33487

Mailing Address

C/O MOLLIE K. SPRINKLE
7500 GRACE DRIVE
COLUMBIA, MD 21044 US



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3613597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
TAROLA, ROBERT M
8550 LEASURE HILL DRIVE
PIKESVILLE, MD 21208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
FILON, ELISE N
3101 S OCEAN BLVD, APT 708
HIGHLAND BEACH, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHELNITZ, MARK A
7233 WOLVERTON COURT
CLARKSVILLE, MD 21029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIEGEL, DAVID B
11150 HOMEWOOD RD
ELLICOTT CITY, MD 21042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
FINKE, CAROL M
3240 EQUESTRIAN DR
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
FINKE, RICHARD C
3240 EQUESTRIAN DR
BOCA RATON, FL 33434

1100100185257
01/21/05-80009-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark A. Shelnitz

Mark A. Shelnitz
Secretary

1/11/05

410/531-4000

Date

Daytime Phone #