


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 21 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001199 1. Entity Name CHOATE HEALTH MANAGEMENT, INC.					
Principal Place of Business 206 SECOND STREET EAST BRADENTON, FL 34208			Mailing Address 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: FL Zip Code:	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ALAN B		NAME		
STREET ADDRESS	367 SOUTH GULPH ROAD		STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORMAN, KIRK E		NAME		
STREET ADDRESS	367 SOUTH GULPH ROAD		STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSTEEN, DEBRA K		NAME		
STREET ADDRESS	367 SOUTH GULPH ROAD		STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILTON, STEVE		NAME		
STREET ADDRESS	367 SOUTH GULPH ROAD		STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, BRUCE R		NAME		
STREET ADDRESS	367 SOUTH GULPH ROAD		STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date</small>	
		_____ <small>Daytime Phone #</small>			



07142004 Chg-P CR2E034 (10/03)

4. FEI Number **04-3123267** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

700039731727

07/30/04--01050--013 **150.00

D, V, T

SIGNATURE:

Bruce R. Gilbert 7/14/04 610.768-3300