


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90212 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000100287

1. Entity Name
CM OF THE PALM BEACHES, INC.



90104114

Principal Place of Business
 6858 SOUTH PLYMOUTH DRIVE
 LAKE WORTH, FL 33462

Mailing Address
 6858 SOUTH PLYMOUTH DRIVE
 LAKE WORTH, FL 33462

2. Principal Place of Business
6594 Osborne Dr
 Suite, Apt. #, etc.

3. Mailing Address
6594 Osborne Dr
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
LANTANA FL

City & State
LANTANA FL

4. FEI Number
65-1050605

Applied For
 Not Applicable

Zip
33462

Country

Zip
33462

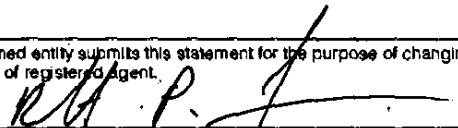
Country

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

6. Name and Address of Current Registered Agent
JESSELL, ROBERT
 6858 SOUTH PLYMOUTH DRIVE
 LAKE WORTH, FL 33462

7. Name and Address of New Registered Agent
 Name **Robert Jessell**
 Street Address (P.O. Box Number is Not Acceptable)
6594 Osborne Dr
 City **LANTANA FL** Zip Code **33462**

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 **4/3/03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when amending)

FILE NOW!!! FEE IS \$150.00
 (As of May 1, 2003 Fee will be \$550.00)
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

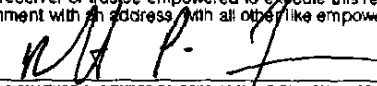
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	JESSELL, ROBERT	6858 SOUTH PLYMOUTH DRIVE	LAKE WORTH, FL 33462	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	Robert Jessell	6594 Osborne Dr	LANTANA FL 33462	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 907, 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:  DATE **4/3/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)