2005 FOR PROFIT CORPORATION ..

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

FILED Anr 25, 2005 08:00 AM

4-20-2005

Daytime Phone #

	ANNUAL	KEPUKI				, 2003 00.00	
DOCUMENT # P95000085617				Secretary of State			
1. Entity Nam	ne			}		•	
CPA WEA	ALTH MANAGEMENT SERV	ICES, P.A.					
Principal Plac	e of Business	Mailing Address		1	•		
215 BAYTRE	E DRIVE	215 BAYTREE DRIVE		1			
SUITE 1	: EL 22040	SUITE 1 MELBOURNE, FL 32940					
MELBOURNE	, FE 32940	MELDOURNE, FL 32940		1 (0.88) (1.08)	5 (1935) 3 (10) 5 3 (1) 5 3 (1)	570/ (870) 0///0 1/70/ (70// (887/10) // 105/	
			01212005	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb	er	Applied For	
				59-334	2125	Not Applicable	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
 -	6. Name and Address of Current R	egistered Agent		<u> </u>			
			7				
	ON, J. PATRICK REE DRIVE			DO NOT WRITE			
SUITE 1				IN THIS SPACE			
MELBOUF	RNE, FL 32940			IIA	I MIS SEA	4CE	
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, upped or printed name of registered agent an	Witte I applicable Photos Decision	ed Agent signature require	d whom collectations		DATE	
	aignature, typeo or printed name or registered agent an	- INO E REGISTE	ed Agent Signature require	·	r		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	Hadaaa	ንግሮግፈር	
10.	OFFICERS AND D	ÌRECTORS	_		<u>10000000</u> 14725705-3	926740 90009-025 150.00	
TITLE	D COMMAN CHARLES WE IR		1		المرابع والأراب والأراب	20003 000 200400	
NAME STREET ADDRESS	HOYMAN, CHARLES W JR. 844 OAK PARK DRIVE		1				
CITY-ST-ZIP	MELBOURNE, FL 32940		[
TITLE	D		-		:		
NAME	OSWALT, BARBARA J		ţ				
STREET ADDRESS CITY-ST-ZIP	675 WATERWOOD WAY MELBOURNE, FL 32940		ł				
TITLE	D		1.				
NAME	KIRKLAND, KAREN E		j				
STREET ADDRESS	931 PALM BROOK DRIVE		1	DO	NOT WE	RITE	
CITY-ST-ZIP	MELBOURNE, FL 32940		<u>-1</u> .	-	- -		
TITLE NAME	D KIRK, THOMAS L		ł	IN	THIS SPA	ACE	
STREET ADDRESS	695 CANAL COURT		8				
CITY-\$1-ZIP	SATELLITE BEACH, FL 32937		4				
TITLE	}	·	j			* 1	
NAME STREET ADDRESS	-						
CITY-ST-ZIP			1				
TITLE			1		;		
NAME						•	
STREET ADDRESS			1				
CITY-ST-ZIP	Certify that the information sumplied with t	his filing does not qualify for the ex-	empiton stated in S	ection 119 07/31	(i) Florida Statutes 15	irther certify that the information	
12. I hereby certify that the information supplied with this filling 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 ether the empowered							
changed	, or on an altachment with an address, w	ith all ether like empowered	ined by Oriapidi do	. ,	/	CEL STATE STOOK IS ALDIOUN I. II.	
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