## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000095240



1. Entity Name
CARE MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

8/1/2008-90039-021-\$158.75-\$158.75

FILED

08 AUG 25 PH 1: 17

SECULIA SSEE, FLORIDA

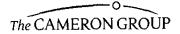
3319 MAGUIRE BLVD.  SUITE 100  SUITE 100  ORLANDO, FL 32803  ORLANDO, FL 32803				- 1,000 00 100 000 100 100 000					
Principal Place of Business - No P.O. Box 4     3. Mailing Address				- I (TENTA) KA ITAH BINI BINI 1980 ANN 1980 BINI 1981 KUN KELI (BBINI A 1981					
Suite, Apt. #, etc. Suite, Apt. #, etc.				01212008	Chg-P	CR2E034	1 (12/06)		
City & State City & State				4. FEI Number 59-36099	907		Applied For Not Applicable		
Zip Country	Zip	Coun	Iry	5. Certificate of	Status Desired		8.75 Additional se Required		
Name and Address of Current Registered Agent				Name and Address of New Registered Agent					
PHALIN, LAWRENCE J 225 E ROBINSON ST, SUITE 600 ORLANDO, FL 32801			Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code		
<ol> <li>The above named entity submits this statement to the obligations of registered agent.</li> </ol>	or the purpose of changing	its registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. Tam fai	miliar with, and accept		
Signature. Hould or provided name of registered agard	and life if applicable. (H	OTE: Pagelere	d Agent Ingresive require	d when remetating)		DATE			

	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campai     Trust Fund Contri		\$5,00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11.	ADDITIONS	CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE HAME STREET ADDRESS CITY-ST-ZP	P O'ROURKE, AMY CAMERON 1740 WYCLIFF DR O'RLANDO, FL 32803	☐ Octoba	THE MAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORELL, PATRICIA 868 CAREW AVE ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-S1-ZIP		<u>-</u>	Change.	Andrican
HAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP			Changa	□ Addition ·
TITLE NAME STREET ADDRESS CITY-S1-ZIP		Delete	TITLE HAME STREET ADDRESS CHY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIF			☐ Change	Addition

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 118, 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 trusture 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: PATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OF

7/29/08 407/896-2010



3319 Maguire Blvd, Suite 100 Orlando, FL 32803 PHONE 407-896-2010 FAX 407-228-0033 WWW.THECAMERONGROUP.US

August 22, 2008

Florida Dept of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

> Re: Care Management Services, Inc. aka - The Cameron Group Filing fee

To Whom It May Concern:,

I have been employed with The Cameron Group for only a few months. The records that I researched indicate that the Annual Business Report was mailed approximately April 15<sup>th</sup> and should have been received before May 1, 2008.

I received a notice the end of June that the report had not been received. We then completed another form signed and dated 7/29/08, and sent our check in the amount of \$158.75.

Today, we have been notified that additional payment is now due. Is it possible that the original Annual Report was misplaced or lost, given the fact that most citizens were filing their taxes before the deadline of April 15th? We would appreciate it if this were taken into consideration and ask that the additional fees be waived.

We would appreciate any considerations in this matter. Please advise at your earliest convenience and if additional fee is in order, we will forward a check immediately.

Thank you for your time.

Sincerely,

Brigette Sexton,

Accounting Manager 3319 Maguire Blvd. #100

Orlando, FL 32803

407-896-2010

enc.

