

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103561

FILED
Apr 21, 2005
Secretary of State

Entity Name: CARE MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

1042 SW BELLEVUE AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

PO BOX 880591
PORT SAINT LUCIE, FL 349880591

New Mailing Address:

FEI Number: 65-0979443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, BARBARA
1042 BELLEVUE AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BACON, BARBARA
Address: 1042 SW BELLEVUE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete
Name: MALE, BETH
Address: 1042 SW BELLEVUE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BACON

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date