

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000095240

**Entity Name:** CARE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

3319 MAGUIRE BLVD.  
SUITE 100  
ORLANDO, FL 32803

**Current Mailing Address:**

3319 MAGUIRE BLVD.  
SUITE 100  
ORLANDO, FL 32803

**FEI Number:** 59-3609907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

*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:** WILLIAM R. LOWMAN JR.

04/26/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name O'ROURKE, AMY CAMERON  
Address 202 QUAYSIDE CIRCLE  
103  
City-State-Zip: MAITLAND FL 32751

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMY CAMERON O'ROURKE

PRESIDENT

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date