2004 FOR PROFIT CORPORATION ANNUAL REPORT

In muni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # F01000000493

1. Entity Name

CMS OPERATIONS NEW JERSEY, INC.



Principal Place of Business

7700 CONGRESS AVE., STE 3213-3214 BOCA RATON, FL 33487

Mailing Address

7700 CONGRESS AVE., STE 3213-3214

STE 200B

FILED

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SECRETARY OF STATE TALLAHASSI E. FLORIDA

2. Principal Place of Business Col House Street Col Pack April et al.				BO	DCA RATON, FL 3	3487					III BBIIL BBIIL BI		ani esala iniaa t	
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SASS _ U.S.A										26232				
S. Name and Address of Current Registered Agent Name		585		3	Ď 339		<u></u>		5. Certifica	te of Status D	esired			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Coop		6. Nam	e and Address of Curr						7. Name a	nd Address o	of New Reg	istered		
Street Address (P.O. Box Number is Not Acceptable)	CORPORATION SERVICE COMPANY						Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior or obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior or obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior or obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior or obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior or obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior or obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the prior of the corporation of registered agent, or both, in the State of Florida. I am familier with, and accept the prior of the corporation of registered agent, or both, in the State of Florida. I am familier with, and accept the prior of the corporation of registered agent, or both, in the State of Florida. I am familier with, and accept the prior of the corporation of	1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)							
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Peter Gaze

10/27/04

770-436-9900

Daytime Phone #