

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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
BOCA RATON, FL 33487

2. Principal Place of Business

1201 Hays Street

Suite, Apt. #, etc.

3. Mailing Address

1600 PARKWOOD CIRCLE

Suite, Apt. #, etc.

SUITE 400

City & State

Tallahassee FL

City & State

ATLANTA GA

4. FEI Number

22-3726232

Applied For

Not Applicable

Zip

32301-2525

Country

USA

Zip

30339

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GAZE, PETER M.R.
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200-B
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE P/S/T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☒ Delete
NAME LEVINE, STEVEN J
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200-B
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME 400042314094
STREET ADDRESS 10/29/04--01050--017 **150.00
CITY-ST-ZIP

TITLE TAS ☒ Delete
NAME OLBERT, ANN M
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200-B
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME SCHOENFIELD, ELI D
STREET ADDRESS ONE DAG HAMMARSKJOLD PLAZA
CITY-ST-ZIP NEW YORK, NY 10017

TITLE AS/AT/D ☒ Change ☐ Addition
NAME
STREET ADDRESS 260 Madison Avenue
CITY-ST-ZIP New York, NY 10016

TITLE AS ☒ Delete
NAME GEBHARD, ROGER
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200-B
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

Pm Name Peter Gaze

10/27/04

770-436-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 OCT 28 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04