2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# F01000005539

Entity Name: CAPITAL HEALTH MANAGEMENT GROUP, INC.

Current Principal Place of Business:

SIX LAKEPOINTE PLAZA
2725 WATER RIDGE PKWY, STE 300
CHARLOTTE, NC 28217

New Principal Place of Business:

Current Mailing Address:

SIX LAKEPOINTE PLAZA
2725 WATER RIDGE PKWY, STE 300
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 58-2313705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WIEBUSCH, TODD
Address: 2725 WATER RIDGE PKWY, STE 300
City-St-Zip: CHARLOTTE, NC

Title: VTD ( ) Delete
Name: CAMPBELL, ALAN D
Address: 2725 WATER RIDGE PKWY, STE 300
City-St-Zip: CHARLOTTE, NC

Title: VD ( ) Delete
Name: BROWN, MICHAEL
Address: 2725 WATER RIDGE PKWY, STE 300
City-St-Zip: CHARLOTTE, NC

Title: D ( ) Delete
Name: DODELL, BRYAN
Address: 2725 WATER RIDGE PKWY, STE 300
City-St-Zip: CHARLOTTE, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: SODELL, BRYAN
Address: 2725 WATER RIDGE PKWY, STE 300
City-St-Zip: CHARLOTTE, NC

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: ALAN D. CAMPBELL VTD 07/01/2004

Electronic Signature of Signing Officer or Director Date