

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001389

FILED
Mar 11, 2005
Secretary of State

Entity Name: CREATIVE HEALTH CARE MANAGEMENT, INC.

Current Principal Place of Business:

1701 EAST 79TH STE #1
MINNEAPOLIS, MN 554251151

New Principal Place of Business:

1701 AMERICAN BLVD EAST STE #1
MINNEAPOLIS, MN 554251151

Current Mailing Address:

1701 EAST 79TH STE #1
MINNEAPOLIS, MN 554251151

New Mailing Address:

1701 AMERICAN BLVD EAST STE #1
MINNEAPOLIS, MN 554251151

FEI Number: 06-1030888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNAIRD, LEAH
9040 SW 97 TERRACE
MIAMI, FL 33176 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: PC () Delete
Name: FELGEN, JAYNE
Address: 8655 MAPLE GROVE RD
City-St-Zip: SPRING GROVE, PA 17362

Title: V () Delete
Name: PERSON, COLLEEN
Address: 5500 NEWTON AVE SO
City-St-Zip: MINNEAPOLIS, MN 55419

Title: T () Delete
Name: STANKOVSKY, BRANISLAV R
Address: 1542 TAMARACK DR
City-St-Zip: LONG LAKE, MN 55356

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:

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: BRANISLAV R STANKOVSKY

TREA

03/11/2005

Electronic Signature of Signing Officer or Director

Date