


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005419**

1. Entity Name  
**CCHP, INC.**



Principal Place of Business  
**5400 BROKEN SOUND BLVD., NW, STE. 300  
 BOCA RATON, FL 33487**

Mailing Address  
**C/O MOLLIE K. SPRINKLE  
 7500 GRACE DRIVE  
 COLUMBIA, MD 21044 US**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3613597**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TAROLA, ROBERT M 8550 LEASURE HILL DRIVE PIKESVILLE, MD 21208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT FILON, ELISE N 3101 S OCEAN BLVD, APT 708 HIGHLAND BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELNITZ, MARK A 7233 WOLVERTON COURT CLARKSVILLE, MD 21029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEGEL, DAVID B 11150 HOMEWOOD RD ELLCOTT CITY, MD 21042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FINKE, CAROL M 3240 EQUESTRIAN DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FINKE, RICHARD C 3240 EQUESTRIAN DR BOCA RATON, FL 33434

100100185257  
 01/21/05-80009-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Mark A. Shelnitz* **Mark A. Shelnitz** **1/19/05** **410/531-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #