

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 033 ***150.00

DOCUMENT # **F02000005419**



1. Entity Name
CCHP, INC.

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

Mailing Address
**5400 BROKEN SOUND BLVD., NW, STE. 300
BOCA RATON FL 33487**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

c/o Mollie K. Sprinkle
Suite, Apt. #, etc.
7500 Grace Drive

CHECK HERE IF MAKING CHANGES

City & State

City & State
Columbia, MD

4. FEI Number **13-3613597**

Applied For
Not Applicable

Zip

Country

Zip
21044

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FINKE, RICHARD C | |
| STREET ADDRESS | 3240 EQUESTRIAN DR | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FILON, ELYSE NAPOLI | |
| STREET ADDRESS | 3101 S OCEAN BLVD, APT 708 | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33484 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | TAROLA, ROBERT M | |
| STREET ADDRESS | 8550 LEASURE HILL DR | |
| CITY-ST-ZIP | BALTIMORE MD 21208 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SIEGEL, DAVID B | |
| STREET ADDRESS | 11150 HOMEWOOD RD | |
| CITY-ST-ZIP | ELLICOTT CITY MD 21042 | |
| TITLE | VPAS | <input type="checkbox"/> Delete |
| NAME | FINKE, CAROL M | |
| STREET ADDRESS | 3240 EQUESTRIAN DR | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FINKE, RICHARD C | |
| STREET ADDRESS | 3240 EQUESTRIAN DR | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | |

| | | |
|----------------|---|--|
| TITLE | VP/T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAROLA, ROBERT M. | |
| STREET ADDRESS | 8550 LEASURE HILL DR | |
| CITY-ST-ZIP | BALTIMORE, MD 21208 | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FILON, ELYSE NAPOLI | |
| STREET ADDRESS | 5400 BROKEN SOUND BOULEVARD, SUITE 300 | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUNTER, MARTIN | |
| STREET ADDRESS | 7500 GRACE DRIVE | |
| CITY-ST-ZIP | COLUMBIA, MD 21044 | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NAKASHIGE, DAVID | |
| STREET ADDRESS | 5400 BROKEN SOUND BOULEVARD, SUITE 300 | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHELNITZ, MARK A | |
| STREET ADDRESS | 7500 GRACE DRIVE | |
| CITY-ST-ZIP | COLUMBIA, MD 21044 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Mark A. Shelnitz **Shelnitz** 1/20/03 **410/531-4212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (10/02)