

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 032 ***150.00

DOCUMENT # F07000002696

1. Entity Name
CBCA CARE MANAGEMENT, INC.



Principal Place of Business
**4099 MCEWEN, SUITE 500
DALLAS, TX 75244**

Mailing Address
**4099 MCEWEN, SUITE 500
DALLAS, TX 75244**

40040043



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252008

Chg-P

CR2E034 (12/06)

4. FEI Number

11-3290327

Applied For

Not Applicable

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**

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
After May 1, 2008 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
PATERSON, CHRIS E
4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPENCE, GLEN A
4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRAN, TOM
4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SPENCE, GLEN A
4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT AND CFO
TRAN, TOM
4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRAXL, KIM M
4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kim Braxl

3/6/08

954-726-3792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #