

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002696

FILED
May 04, 2009
Secretary of State

Entity Name: CBCA CARE MANAGEMENT, INC.

Current Principal Place of Business:

4099 MCEWEN, SUITE 500
DALLAS, TX 75244

New Principal Place of Business:

Current Mailing Address:

4099 MCEWEN, SUITE 500
DALLAS, TX 75244

New Mailing Address:

4401 NW 124TH AVENUE
CORAL SPRINGS, FL 33065

FEI Number: 11-3290327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: PATERSON, CHRIS E
Address: 4401 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: TRAN, TOM
Address: 4401 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P (X) Delete
Name: TRAN, TOM
Address: 4401 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: BRAXL, KIM M
Address: 4401 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CONDRON, MICHAEL J
Address: 4401 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change () Addition
Name: HANNON, THOMAS J
Address: 4401 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

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 exemption stated 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 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: KIM BRAXL

S

05/04/2009

Electronic Signature of Signing Officer or Director

Date