

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000090

1. Entity Name
CHCS, INC.



Principal Place of Business
3050 UNIVERSAL BLVD
STE 150
WESTON, FL 33331 US

Mailing Address
3050 UNIVERSAL BLVD
STE 150
WESTON, FL 33331 US



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0821070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIPPS, JUDITH A
HARNETT LESNICK & RIPPS P. A.
150 E. PALMETTO PARK RD. STE 500
BOCA RATON, FL 33432

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IN THIS SPACE**

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, 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
CEO
JACOBS, GARY
3050 UNIVERSAL BLVD #150
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCOO
ISRAEL, JASON
3050 UNIVERSAL BLVD #150
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARASCH, RICHARD
3050 UNIVERSAL BLVD #150
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRYANT, GARY
3050 UNIVERSAL BLVD #150
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAEGELEIN, ROBERT
3050 UNIVERSAL BLVD #150
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STCO
CARR, DANIELLE
3050 UNIVERSAL BLVD. #150
WESTON, FL 33331

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

Date

954-888-4888

Daytime Phone #