

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2001 8:00 am
Secretary of State

09-07-2001 90004 001 *2,200.00

DOCUMENT # F98000001568

1. Entity Name
CDS HEALTH MANAGEMENT, INC.

Principal Place of Business
**2373 HORSESHOE DRIVE SOUTH
 NAPLES FL 34104**

Mailing Address
**2373 HORSESHOE DRIVE SOUTH
 NAPLES FL 34104**

12163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3030 Horseshoe Drive South
 Suite, Apt. #, etc.
200

3. Mailing Address
3030 Horseshoe Drive South
 Suite, Apt. #, etc.,
200

City & State

City & State

4. FEI Number **65-0768162**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYS ST., STE 2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **Alan B Fields**
 Street Address (P.O. Box Number is Not Acceptable)
3030 Horseshoe Drive South Suite 200
 City **Naples** FL Zip Code **34104**

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.
 SIGNATURE *Alan B Fields* DATE 8/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FISCINA, PETER J	
STREET ADDRESS	2373 HORSESHOE DR.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterson, Brent	
STREET ADDRESS	3030 Horseshoe Drive South Suite 200	
CITY-ST-ZIP	Naples FL 34104	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fields, Alan B	
STREET ADDRESS	3030 Horseshoe Drive South, Suite 200	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric. Elroy E	
STREET ADDRESS	3030 Horseshoe Drive South Suite 200	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan B Fields*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 8/28/01 DAYTIME PHONE # 941.430.5000

CR2E034 (5/01)