


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000001568**  
1. Entity Name  
CDS HEALTH MANAGEMENT, INC.



Principal Place of Business: 3030 HORSESHOE DRIVE SOUTH, 200, NAPLES, FL 34104  
Mailing Address: 3030 HORSESHOE DRIVE SOUTH, 200, NAPLES, FL 34104

**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)  
4. FEI Number 65-0768162 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FIELDS, ALAN B  
3030 HORSESHOE DRIVE SOUTH  
SUITE 200  
NAPLES, FL 34104

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
1000000136781  
04/28/04-80100-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PETERSON, BRENT
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	DV
NAME	FIELDS, ALAN B
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	ERIE, ELROY E
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: BRENT PETERSON, PRESIDENT APRIL 26, 2004 234.430.5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #