


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90165 028 \*\*\*150.00

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0768162	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name: Antonio Faga Street Address (P.O. Box Number is Not Acceptable): MASS Airport Road North Suite 101 City: Naples FL Zip Code: 34109		
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: <i>Antonio Faga</i> DATE: 4/26/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, BRENT	NAME			
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIELDS, ALAN B	NAME			
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERIE, ELROY E	NAME			
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Lowell Fisher		
STREET ADDRESS		STREET ADDRESS	3030 Horseshoe Dr S-#200		
CITY-ST-ZIP		CITY-ST-ZIP	Naples FL 34104		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	Ronald Stutzman		
STREET ADDRESS		STREET ADDRESS	5580 Estero Blvd.		
CITY-ST-ZIP		CITY-ST-ZIP	Ft. Myers FL 33931		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	James Posterna		
STREET ADDRESS		STREET ADDRESS	358 Bayshore Dr.		
CITY-ST-ZIP		CITY-ST-ZIP	Cape Coral FL 33904		
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: <i>Brent Peterson</i>		BRENT PETERSON - PRESIDENT		APRIL 26, 2005 239-430-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	