

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90427 042 \*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40089983



04122007 Chg-P CR2E034 (12/06)

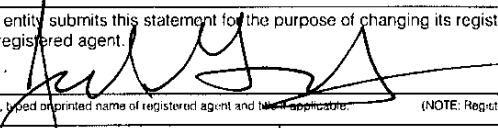
4. FEI Number: 65-0768162 Applied For: Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 FAGA, ANTONIA  
 7955 AIRPORT ROAD NORTH  
 SUITE 101  
 NAPLES, FL 34109

**7. Name and Address of New Registered Agent**  
 Name: Bush Ross Gardner Warren Rudy PA  
 Street Address (P.O. Box Number is Not Acceptable):  
220 S. Franklin St.  
 City: Tampa FL Zip Code: 33602

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:  DATE: 4/27/07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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


**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, LOWELL	
STREET ADDRESS	3020 HORSESHOE DR S, # 200	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUTZMAN, RONALD	
STREET ADDRESS	5580 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASTEMA, JAMES	
STREET ADDRESS	358 BAYSHORE DR	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	Postema, James	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joy Melton	
STREET ADDRESS	12055 Gandy Blvd # 232	
CITY-ST-ZIP	St. Petersburg FL 33702	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE:  DATE: 04/24/07 Daytime Phone #: 239-430-5000

LOWELL H. FISHER  
 CHAIRMAN / CEO