

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001568

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: CDS HEALTH MANAGEMENT, INC.

## Current Principal Place of Business:

3030 HORSESHOE DRIVE SOUTH  
200  
NAPLES, FL 34104

## New Principal Place of Business:

3030 HORSESHOE DRIVE SOUTH  
SUITE 200  
NAPLES, FL 34104

## Current Mailing Address:

3030 HORSESHOE DRIVE SOUTH  
200  
NAPLES, FL 34104

## New Mailing Address:

3030 HORSESHOE DRIVE SOUTH  
SUITE 200  
NAPLES, FL 34104

FEI Number: 65-0768162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSH ROSS GARDNER WARREN & RUDY PA  
220 S. FRANKLIN ST  
SUITE 101  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC.  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US

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: JOHN N. GIORDANO

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FISHER, LOWELL  
Address: 3020 HORSESHOE DR S, # 200  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: STUTZMAN, RONALD  
Address: 5580 ESTERO BLVD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: POSTEMA, JAMES  
Address: 358 BAYSHORE DR  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FISHER, LOWELL  
Address: 3030 HORSESHOE DR S, # 200  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BOCK

CFO

04/17/2008

Electronic Signature of Signing Officer or Director

Date