2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # J41003** CONSUMER HEALTH AND MANAGEMENT SERVICE, INC. 04-24-2000 90124 005 ***150.00 Principal Place of Business Mailing Address 4215 18TH AVENUE DRIVE W 7240 MANATEE AVE W **BRADENTON FL 34205-1454** BEACH WAY PLAZA BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2734736 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOBLES, MICHAEL Street Address (P.O. Box Number is Not Acceptable) .- - -4215 18TH AVENUE DRIVE W **BRADENTON FL 34205** Zip Code City FI 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, ☐ Change ☐ Addition TITLE ☐ Delete NOBLES, LINDA NAME NAME 4215 18TH AVE DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIF BRADENTON FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NOBLES, MICHAEL NAME NAME STREET ADDRESS 4215 18TH AVE DR W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 requirer 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 attackment with an address, with all other like empowered.