

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J41003

1. Entity Name
**CONSUMER HEALTH AND MANAGEMENT SERVICE,
INC.**



Principal Place of Business
**7300 MANATEE AVE W
BEACH WAY PLAZA
BRADENTON, FL 34209 US**

Mailing Address
**7300 MANATEE AVE W
BRADENTON, FL 34209**



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2734736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOBLES, MICHAEL
7300 MANATEE AVE W
BRADENTON, FL 34209**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U000000120777
04/20/04-80023-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOBLES, LINDA
STREET ADDRESS	7300 MANATEE AVE W
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	D
NAME	NOBLES, MICHAEL
STREET ADDRESS	7300 MANATEE AVE W
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Linda Nobles* **LINDA Nobles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

DATE

941-761-8100

DAYTIME PHONE #