

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2006 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent NOBLES, MICHAEL 7300 MANATEE AVE W BRADENTON FL 34209	
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1st MOORE	CR2E034 (10/05)
4. FEI Number 59-2734736	Applied FL. Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBLES, LINDA 7300 MANATEE AVE W BRADENTON FL 34209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000524332 ☐ Change ☐ Add 05/03/06-80107-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, MICHAEL 7300 MANATEE AVE W BRADENTON FL 34209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
		4-18-06	941-761-8100