

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 002 ***150.00

DOCUMENT # L61693
 1. Entity Name
CASE MANAGEMENT CHOICES, INC.



Principal Place of Business Mailing Address
 8375 DIX ELLIS TRAIL 8375 DIX ELLIS TRAIL
 409 409
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256
 US US

54002399



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 12627 San Jose Blvd 12627 San Jose Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bldg. #2 Suite 206 Bldg #2, Suite 206

City & State City & State
 Jacksonville, Fl. Jacksonville, Fl.

Zip Country Zip Country
 32223 USA 32223 USA

4. FEI Number 59-3096673 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MARTINEZ, JANET E P.A.
 203 EAST RICH AVENUE
 DELAND FL 32724

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOWLSEN, TINA 5063 RUE STREET JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 613 613 Grand Parke Drive Jacksonville, Fl. 32259
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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: Tina M. Kowls 1/26/04 (904) 880-7970
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #