2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N02000009504

Entity Name: CONSULTANTS IN HEALTH AND RISK MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1254 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1254 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 03-0473316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EKREN, WAYNE K
1254 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAZIO, VANESSA
Address: 2077 N. POINT ALEXIS DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD ( ) Delete
Name: DRESCHNACK, DEBBI G
Address: 3064 LANDING WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: EKREN, WAYNE K
Address: P.O. BOX 1684
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA M. DAZIO PD 04/26/2004

Electronic Signature of Signing Officer or Director — Date