

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009667

**FILED**  
**Feb 21, 2004**  
**Secretary of State****Entity Name:** CITIZENS HEALTH MANAGEMENT GROUP, INC.**Current Principal Place of Business:**2100 NE 171ST ST.  
MIAMI, FL 33162**New Principal Place of Business:**C/O MUSIC MAJORS, 7161 PEMBROKE ROAD,  
SUITE 600  
PEMBROKE PINES, FL 33023**Current Mailing Address:**2100 NE 171ST ST.  
MIAMI, FL 33162**New Mailing Address:**P.O.BOX 246415  
N/A  
PEMBROKE PINES, FL 33023**FEI Number:** 81-0637872**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ABDULKAREEM, MUHAMMAD  
3300 SW 96TH TERR.  
MIRAMAR, FL 33025 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: PDC ( ) Delete  
Name: GIWA, ADELANI  
Address: 2100 NE 171ST ST.  
City-St-Zip: MIAMI, FL 33162

Title: VD ( ) Delete  
Name: ABDULKAREEM, MUHAMMAD  
Address: 3300 SW 96TH TERR.  
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete  
Name: ETTI, KEHINDE  
Address: 19897 NW 62ND AVE.  
City-St-Zip: MIAMI, FL 33015

Title: TD ( ) Delete  
Name: AFOLABI, ALADE B  
Address: 15181 NW 1ST ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

**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:

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: KEHINDE ETTI

SD

02/21/2004

Electronic Signature of Signing Officer or Director

Date