

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011096

FILED
Apr 11, 2006
Secretary of State

Entity Name: HILLSBOROUGH COUNTY CASE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

5905 BRECKNRIDGE PKWY
SUITE F
TAMPA, FL 336104240

New Principal Place of Business:

5905 BRECKENRIDGE PKWY
SUITE F
TAMPA, FL 336104240

Current Mailing Address:

5905 BRECKNRIDGE PKWY
SUITE F
TAMPA, FL 336104240

New Mailing Address:

5905 BRECKENRIDGE PKWY
SUITE F
TAMPA, FL 336104240

FEI Number: 20-0822921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKAS, JOHN W JR
201 E KENNEDY BLVD
SUITE 400
TAMPA, FL 336025896 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: EX D () Delete
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PARKWAY, STE F
City-St-Zip: TAMPA, FL 336104240

Title: DIR () Delete
Name: SCHUYLER, GLORIA
Address: 5905 BRECKENRIDGE PARKWAY, STE F
City-St-Zip: TAMPA, FL 336104240

Title: DIR () Delete
Name: MCHENRY, CHARLOTTE
Address: 5905 BRECKENRIDGE PARKWAY, STE F
City-St-Zip: TAMPA, FL 336104240

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 Chapter 119, 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: MAUREEN KELLY

ED

04/11/2006

Electronic Signature of Signing Officer or Director

Date