

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90034 001 ***158.75

DOCUMENT # P98000095371 1. Entity Name COST MANAGEMENT PARTNERS, INC.	
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Principal Place of Business 4211 WEST BAY SCOUT BLVD. STE 750 TAMPA, FL 33607	Mailing Address 4211 WEST BAY SCOUT BLVD. STE 750 TAMPA, FL 33607
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50003950



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2154496	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTSON, PHILLIP E 700 W. MARKET ST. ATHENS, AL 356110000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBBLEFIELD, ALFRED G 1717 NORTH E STREET, STE. 320 PENSACOLA, FL 325220000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STEVEN M 615 N BONITA AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CARL 205 MARENGO STREET FLORENCE, AL 35631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMLETT, E. CHANDLER 3 MOBILE INFIRMARY CIRCLE MOBILE, AL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, ALLEN 400 EAST 10TH STREET ANNISTON, AL 36201

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IN THIS SPACE**

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: Laurence L. Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 813-350-8300
Date Daytime Phone #

ATTACHMENT

50003950

#P98000095371

CMP, INC. BOARD OF DIRECTORS - 2005

Members - Alabama:

Russ Tyner (D)
President & CEO
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Beth O'Brien (D)
President & CEO
Baptist Health System, Inc.
P.O. Box 830605
Birmingham, AL 35283-0605
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E-mail: lisa.langie@bhsala.com

E. Chandler Bramlett (D)
President & CEO
Infirmity Health System
3 Mobile Infirmity Circle
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Members - Florida:

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President & CEO
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E-mail: marybeth.chvisuk@hfch.halifax.org

ATTACHMENT

508-03950
P98000095371

CMP, INC. MEMBERSHIP (continued)

Members - Florida:

Michael D. Means (D)
President & CEO

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6450 S. US 1
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President & CEO

Martin Memorial Health Systems

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President

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President & CEO

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President & CEO

University Community Hospital

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