

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90080 006 ***150.00

DOCUMENT # P01000048089 1. Entity Name CHRONIC CARE MANAGEMENT, INC.					
Principal Place of Business C/O THE CARE GROUP 903 S.E. CENTRAL PKWY STUART, FL 34994				Mailing Address C/O THE CARE GROUP 903 S.E. CENTRAL PKWY STUART, FL 34994	
2. Principal Place of Business 2646 SW MAPP RD Suite, Apt. #, etc. SUITE 302 City & State PALM CITY FL Zip 34990		3. Mailing Address 2646 SW MAPP RD Suite, Apt. #, etc. SUITE 302 City & State PALM CITY FL Zip 34990			
4. FEI Number 65-1106360		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RIETH, RONALD 903 S.E. CENTRAL PKWY. STUART, FL 34993			7. Name and Address of New Registered Agent Name RIETH RONALD Street Address (P.O. Box Number is Not Acceptable) 2646 SW MAPP RD City PALM CITY FL Zip Code 34990		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CSD RIETH, RONALD J 903 SE CENTRAL PKWY STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD RIETH, RONALD J 2646 SW MAPP RD - STE 302 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTIERI, GERARD N 903 SE CENTRAL PKWY STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTIERI GERARD N 2646 SW MAPP RD - STE 302 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ALTIERI, MARK P 1144 W ERIE AVE LORAIN, OH 440520840	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ALTIERI MARK P. 35765 CHESTER RD AVON, OH 44011
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: GERARD N. ALTIERI 3-25-05 772-221-7272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					