

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071010

FILED
Mar 15, 2004
Secretary of State

Entity Name: CARESOURCE NETWORK, INCORPORATED

Current Principal Place of Business:

12127 CRANEFOOT DR
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P O BOX 56738
JACKSONVILLE, FL 322416738

New Mailing Address:

FEI Number: 59-3732931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPKINS, MARIAN A
2521 LANTANA AVE
JACKSONVILLE, FL 32209 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS C, PRUDENCE
Address: 12127 CRANEFOOT DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: PRUDENCE C. WILLIAMS

MRS.

03/15/2004

Electronic Signature of Signing Officer or Director

Date