

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011358

FILED
May 11, 2005
Secretary of State

Entity Name: CHRONIC DISEASE MANAGEMENT, INC.

Current Principal Place of Business:

2701 S LEJEUNE ROAD
2ND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

333 PALERMO AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

2701 S LEJEUNE ROAD
2ND FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

333 PALERMO AVENUE
CORAL GABLES, FL 33134

FEI Number: 01-0602205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, FELIX J ESQ.
2701 S LEJEUNE ROAD
2ND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MARTIN, FELIX J ESQ.
333 PALERMO AVENUE
CORAL GABLES, FL 33134 US

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:

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MARTIN, FELIX J ESQ.
Address: 2701 S LEJEUNE ROAD 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: KAUFMAN, MARC S MDQ.
Address: 2701 S LEJEUNE ROAD 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: MARTIN, FELIX J ESQ.
Address: 333 PALERMO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change () Addition
Name: KAUFMAN, MARC S MDQ.
Address: 333 PALERMO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: FELIX J. MARTIN

D

05/11/2005

Electronic Signature of Signing Officer or Director

Date