


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-10-2003 90096 043 ***150.00

DOCUMENT # P02000054605

1. Entity Name
CWG HEALTHCARE SOLUTIONS, INC.



Principal Place of Business
**10400 GRIFFIN ROAD
201
COOPER CITY FL 33328**

Mailing Address
**10400 GRIFFIN ROAD
201
COOPER CITY FL 33328**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
04-3681400

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CROSSWAY GROUP, INC.
10400 GRIFFIN ROAD
201
COOPER CITY FL 33328**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** Delete

NAME **ADAMS, RICHARD**

STREET ADDRESS **13101 SW 16 COURT**

CITY-ST-ZIP **DAVIE FL 33325**

TITLE **CEO** Change Addition

NAME **ADAMS, Richard**

STREET ADDRESS **10400 GRIFFIN Rd #201**

CITY-ST-ZIP **FORT LAUD. FL 33328**

TITLE **CFO** Delete

NAME **MARANDO, PAUL**

STREET ADDRESS **10601 NW 83 STREET**

CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **CFO** Change Addition

NAME **MARANDO, PAUL**

STREET ADDRESS **10400 GRIFFIN Rd #201**

CITY-ST-ZIP **FORT LAUD. FL 33328**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

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CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

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: Paul J. Marando **Paul J. Marando** **1-7-03** **954-377-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)