

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

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

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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

954-377-2002

Date

Daytime Phone #

CR2E034 (10/02)