

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117410

FILED
Feb 29, 2004
Secretary of State

Entity Name: CONTEMPORARY HEALTH CARE INC.

Current Principal Place of Business:

1939 NW 38TH AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

1839 NW 38TH AVE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

800 E EVANSTON CIR
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 13-4229802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, MAYSELIN J
800 EAST EVANSTON CIRCLE
FORT LAUDERDALE, FL 33312 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: PRES () Delete
Name: FORBES, HORACE S
Address: 800 EAST EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: BELL, MAYSELIN J
Address: 800 EAST EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAYSELIN J BELL

VP

02/29/2004

Electronic Signature of Signing Officer or Director

_____ Date