

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90050 005 ***158.75

50005646



DOCUMENT # P04000118370 1. Entity Name SCH HEALTH MANAGEMENT CORP			
Principal Place of Business 6801 HARDING AVE 202 MIAMI BEACH, FL 33141		Mailing Address 6801 HARDING AVE 202 MIAMI BEACH, FL 33141	
2. Principal Place of Business 6039 COLLINS AVE Suite, Apt. #, etc. Apt 1407 City & State MIAMI BEACH, FL Zip 33140		3. Mailing Address 6039 COLLINS AVE Suite, Apt. #, etc. Apt 1407 City & State MIAMI BEACH, FL Zip 33140	
4. FEI Number 20-1495916		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate or Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHETRIT, SILVIA I 6801 HARDING AVE 202 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHETRIT, SILVIA I 6801 HARDING AVE # 202 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6039 COLLINS AVE Apt 1407 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 1-20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	