


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90017 042 ***150.00

DOCUMENT # P93000003101			
1. Entity Name PROFESSIONAL CASE MANAGEMENT CONSULTANTS, INC.			
Principal Place of Business 235 S. MAITLAND AVE. STE 218 MAITLAND, FL 32751 US		Mailing Address PO BOX 940338 STE 218 MAITLAND, FL 32794 US	
2. Principal Place of Business 225 S. Swagoe Ave		3. Mailing Address PO BOX 940338	
Suite, Apt. #, etc. Ste 111		Suite, Apt. #, etc. Ste 111	
City & State Maitland, FL		City & State Maitland, FL	
Zip 32751	Country US	Zip 32794-0338	Country US
6. Name and Address of Current Registered Agent BRICE, BELINDA E. 235 S MAITLAND AVE. SUITE 218 MAITLAND, FL 32751		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, 2004 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	PSTD BRICE, BELINDA E. 235 S. MAITLAND AVE., STE.218 MAITLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Belinda E. Brice, President		Date: 01/29/04 Daytime Phone #: 401-6476347	

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01142004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3157041** Applied For ☐ Not Applicable ☐

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