

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016211

FILED  
Mar 24, 2004  
Secretary of State

Entity Name: CONSULTANTS FOR MANAGED CARE, INC.

## Current Principal Place of Business:

5701 N PINE ISLAND ROAD  
SUITE 200  
TAMARAC, FL 33321 US

## Current Mailing Address:

P O BOX 8804  
CORAL SPRINGS, FL 33075 US

## New Principal Place of Business:

3230 W. COMMERCIAL BLVD  
350  
FT. LAUDERDALE, FL 33309 US

## New Mailing Address:

FEI Number: 65-0469542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENTIN, RICHARD C  
4300 N. UNIVERSITY DR  
#D202  
FORT LAUDERDALE, FL 33351 US

## Name and Address of New Registered Agent:

ENTIN, RICHARD C  
110 SE 6 ST  
1970  
FORT LAUDERDALE, FL 33301 US

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: RICHARD ENTIN

03/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAPIRO, HENRY J  
Address: SUITE 200  
City-St-Zip: TAMARAC, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHAPIRO, HENRY J  
Address: 4301 N.E. 23 TERR  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: ST ( ) Change (X) Addition  
Name: SHAPIRO, MERRYL J  
Address: 4301 N.E. 23 TERR  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: MERRYL J. SHAPIRO

ST

03/24/2004

Electronic Signature of Signing Officer or Director

Date