

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010835

FILED
Apr 19, 2005
Secretary of State

Entity Name: COMMUNITY CARE MANAGEMENT, INC.

Current Principal Place of Business:

7999 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

7999 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-3295723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, MINTON F
7999 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 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: PD () Delete
Name: COOPER, MINTON
Address: 290 MARLIN PLACE
City-St-Zip: MELBOURNE BEACH, FL

Title: VD () Delete
Name: KERR, WILLIAM W IV
Address: 325 5TH AVENUE, SUITE 208
City-St-Zip: INDIATLANTIC, FL

Title: STD () Delete
Name: WILLIAMS, MICHAEL H
Address: 2287 W EAU GALLIE BLVD, SUITE A
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MINTON F COOPER

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date