

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 031 \*\*\*150.00

**DOCUMENT # P96000053996**

1. Entity Name  
**CARE MANAGEMENT RESOURCES, INC.**



Principal Place of Business  
**6950 COLUMBIA GTWY. DR.  
SUITE 400  
COLUMBIA, MD 21046**

Mailing Address  
**6950 COLUMBIA GATEWAY DR  
SUITE 400  
COLUMBIA, MD 21046**

**14010370**



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0681434**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MOODY, DENNIS P  
STREET ADDRESS 6950 COLUMBIA GATEWAY DR., STE. 400  
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE D  
NAME ARTHUR, MEGAN M  
STREET ADDRESS 6950 COLUMBIA GATEWAY DR.  
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE VT  
NAME NEWLIN, LINTON C  
STREET ADDRESS 125 PLANTATION CENTER DRIVE  
CITY-ST-ZIP MACON, GA 31221

TITLE VPAS  
NAME SMITH, MARGIE M  
STREET ADDRESS 6950 COLUMBIA GATEWAY DR.  
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE VS  
NAME DEMILIO, MARK S  
STREET ADDRESS 6950 COLUMBIA GATEWAY DR, SUITE 400  
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04**

Date

Daytime Phone #