


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000067996 1. Entity Name CAMBRIDGE HEALTHCARE SERVICES, INC.	
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Principal Place of Business 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0689700	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FUHRMEISTER, BRIAN 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	DO NOT WRITE IN THIS SPACE
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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)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCCARVER, JAMES O 2033 MAIN STREET, SUITE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MCCARVER, PAT 2033 MAIN STREET, SUITE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FUHRMEISTER, BRIAN 2033 MAIN ST., SUITE 300 SARASOTA, FL 34237
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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)(f), 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: <u>Brian Fuhrmeister</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/7/05</u>	Daytime Phone # <u>941 3653376</u>
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