

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092580

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: CARELINK MANAGEMENT, INC.

**Current Principal Place of Business:**

201 PINELOCH  
SUITE 23  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAUL GOLDSTEIN  
1414 KUHL AVENUE MP2  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 59-3415348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOGNER, JAMES B  
225 EAST ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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: C ( ) Delete  
Name: HILLENMEYER, JOHN W  
Address: 1414 KUHL AVE., MP 4  
City-St-Zip: ORLANDO, FL 32806

Title: DP ( ) Delete  
Name: ELSWICK, SHANNON  
Address: 1414 KUHL AVE., MP 1  
City-St-Zip: ORLANDO, FL 32806

Title: DVP ( ) Delete  
Name: HODGES, KARL  
Address: 1414 KUHL AVE., MP 71  
City-St-Zip: ORLANDO, FL 32806

Title: DST ( ) Delete  
Name: GOLDSTEIN, PAUL  
Address: 1414 KUHL AVE., MP 2  
City-St-Zip: ORLANDO, FL 32806

**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:

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: PAUL A. GOLDSTEIN

DST

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date