

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054066

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: C & M HEALTHCARE CORPORATION

**Current Principal Place of Business:**

6960 C.R. 95  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

6960 C.R. 95  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

FEI Number: 59-3514636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MANUEL A PE  
4096 LIGUSTRUM DR  
PALM HARBOR, FL 34685 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: PE, CARIDAD O  
Address: 4096 LIGUSTRUM DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: VD ( ) Delete  
Name: PE, MANUEL A  
Address: 4096 LIGUSTRUM DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: VD ( ) Delete  
Name: PE, BRIAN O  
Address: 4096 LIGUSTRUM DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete  
Name: PE, CHERYL O  
Address: 4096 LIGUSTRUM DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete  
Name: SIROIS, MELISSA P  
Address: 4705 BOGG ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete  
Name: PHILIP, JOHN P  
Address: 4096 LIGUSTRUM DR  
City-St-Zip: PALM HARBOR, FL 34685

**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:

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 exemption stated in Chapter 119, 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: MANUEL A. PE

VD

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date