

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078355

FILED
Jul 08, 2005
Secretary of State

Entity Name: CENTERPOINT HEALTHCARE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

10901 ROOSEVELT BLVD NORTH
STE 1100C BLDG 2C
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

10901 ROOSEVELT BLVD NORTH
STE 1100C BLDG 2C
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-3472195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNEK, LAWRENCE E
18700 GULF BLVD., #6
INDIAN SHORES, FL 33785 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: D () Delete
Name: HYNEK, LAWRENCE
Address: 3033 S PARKER ROAD, SUITE 1000
City-St-Zip: AURORA, CO 80014

Title: PD () Delete
Name: HUTCHINSON, JAY
Address: 10901 ROOSEVELT BLVD 1100C BLDG 2C
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: SHIMER, KERRY L
Address: 10901 ROOSEVELT BLVD 1100C BLDG 2C
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: KRAMER, CHARLES E
Address: 10901 ROOSEVELT BLVD 1100C BLDG 2C
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: LORTSCHER, RANDALL H
Address: 10901 ROOSEVELT BLVD 1100C BLDG 2C
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: KOCHAVAR, WILLIAM J
Address: 10901 ROOSEVELT BLVD 1100C BLDG 2C
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HYNEK, LAWRENCE E
Address: 10901 ROOSEVELT BLVD 1100C
City-St-Zip: ST. PETERSBURG, FL 33716

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 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: JAY HUTCHINSON

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

_____ Date