2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# P99000003344

Entity Name: CARE MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

2840 WEST BAY DRIVE
SUITE 132
LARGO, FL 33770

New Principal Place of Business:

611 DRUID ROAD EAST
SUITE 704
CLEARWATER, FL 33756

Current Mailing Address:

2840 WEST BAY DRIVE
SUITE 132
LARGO, FL 33770

New Mailing Address:

611 DRUID ROAD EAST
SUITE 704
CLEARWATER, FL 33756

FEI Number: 59-3568571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRARA, CYNTHIA
123 ALETA DR.
BELLEAIR BCH, FL 33786

Name and Address of New Registered Agent:

FERRARA, CYNTHIA
611 DRUID ROAD EAST
SUITE 704
CLEARWATER, FL 33756

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: CYNTHIA L. FERRARA 03/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERRARA, CYNTHIA
Address: 123 ALETA DRIVE
City-St-Zip: BELLEAIR BCH, FL 33786

Title: D ( ) Delete
Name: FERRARA, THOMAS
Address: 123 ALETA DRIVE
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FERRARA, CYNTHIA
Address: 611 DRUID ROAD EAST, STE 704
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change ( ) Addition
Name: FERRARA, THOMAS
Address: 611 DRUID ROAD EAST, STE 704
City-St-Zip: CLEARWATER, FL 33756

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: CYNTHIA L. FERRARA D 03/11/2004
Electronic Signature of Signing Officer or Director Date