2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003344

Entity Name: CARE MANAGEMENT ASSOCIATES, INC.

FILED Jul 10, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ROAD EAST				
SUITE 704 CLEARW <i>A</i>	ATER, FL 337	56			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 704	O ROAD EAST				
	59-3568571	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUITE 704 CLEARWA The above	ATER, FL 3379 named entity see of Florida.	56 US	ourpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FERRARA, CY	AD EAST, STE 704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FERRARA, TH	AD EAST, STE 704	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA L. FERRARA PRES 07/10/2006