

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103561

FILED  
Apr 26, 2004  
Secretary of State

**Entity Name:** CARE MANAGEMENT CONSULTANTS, INC.

**Current Principal Place of Business:**

1042 SW BELLEVUE AVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880591  
PORT SAINT LUCIE, FL 349880591

**New Mailing Address:**

**FEI Number:** 65-0979443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BACON, BARBARA  
1042 BELLEVUE AVE  
PORT SAINT LUCIE, FL 34953

**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: P ( ) Delete  
Name: BACON, BARBARA  
Address: 1042 SW BELLEVUE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete  
Name: MALE, BETH  
Address: 1042 SW BELLEVUE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** BARBARA BACON

P

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date