

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103561

FILED  
May 04, 2007  
Secretary of State

Entity Name: CARE MANAGEMENT CONSULTANTS, INC.

## Current Principal Place of Business:

1740 SW ST. LUCIE WEST BLD. #148  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

1740 SW ST. LUCIE WEST BLD. #148  
PORT SAINT LUCIE, FL 34986

## 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 US

## Name and Address of New Registered Agent:

BACON, BARBARA  
1740 SW ST LUCIE WEST BLVD #148  
PORT SAINT LUCIE, FL 34986 US

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:

05/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: P (X) Change ( ) Addition  
Name: BACON, BARBARA  
Address: 1740 SW ST LUCIE WEST BLVD #148  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change ( ) Addition  
Name: MALE, BETH  
Address: 1740 SW ST LUCIE WEST BLVD #148  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: BARBARA BACON

PRES

05/04/2007

Electronic Signature of Signing Officer or Director

Date