

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90021 029 \*\*\*150.00

**DOCUMENT # S35568**

1. Entity Name  
**CERTIFIED HEALTH CARE SERVICES, INC.**



Principal Place of Business  
**3190 N STATE RD SEVEN  
LAUDERDALE LAKES, FL 33319 US**

Mailing Address  
**3190 N. STATE RD SEVEN  
LAUDERDALE LAKES, FL 33319 US**

REVOLUTION



03082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0275037**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, CLYTIE  
12490 SW 7TH PLACE  
DAVIE, FL 33325**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, CLYTIE
STREET ADDRESS	12490 SW 7TH PL
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	MUNFORD, MAUVA
STREET ADDRESS	12490 SW 7TH PL
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	CAMPBELL, ANDREA
STREET ADDRESS	12490 SW 7TH PL
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	COSTANZO, SUZETTE
STREET ADDRESS	9864 NOB HILL LANE
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #