


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H11958</b> 1. Entity Name <b>COMPBENEFITS COMPANY</b>	
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Principal Place of Business <b>2772 NW 43 ST STE C GAINESVILLE, FL 32606 US</b>	Mailing Address <b>100 MANSELL CT EAST STE 400 ROSWELL, GA 30076 US</b>
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2531815</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000600972 01/26/07-80030-025 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHROCK, KIRK E 100 MANSELL CT EAST, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, BRUCE A 100 MANSELL CT EAST, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNAWAY, GEORGE W 100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Bruce A. Mitchell* **Bruce A. Mitchell** **1/5/2007** **770.998.8936**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #