

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90119 030 ***150.00

DOCUMENT # P98000106954

1. Entity Name
COMPREHENSIVE HEALTH MANAGEMENT, INC.

Principal Place of Business Mailing Address
6800 NORTRH DALE MABRY HWY..STE.270 **6800 NORTRH DALE MABRY HWY..STE.270**
TAMPA FL 33614 **TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3547616	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUTHERFORD, THOMAS S ESQ. 11016 NO. DALE MABRY HWY. TAMPA FL 33618				Name SANDIP J. PATEL, Esquire Street Address (P.O. Box Number is Not Acceptable) 6800 N. Dale Mabry Hwy, #268 City Tampa State FL Zip 33614	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, PRADIP C		NAME		
STREET ADDRESS	3107 MOSSVALE LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAH, RUPEAH R		NAME		
STREET ADDRESS	2506 LAKE ELLEN DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, KIRAN C MD		NAME		
STREET ADDRESS	11609 CARROLLWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pradip C Patel* 4-27-01 (813)290-6330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)