## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 680155** 

Entity Name: CO-ORDINATED BENEFIT PLANS, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 400	HIGHWAY 19 N TER, FL 3376					
Current Mailing Address:			New Mailir	New Mailing Address:		
P O BOX 20594 TAMPA, FL 33622 US						
FEI Number: 59-2014829 FEI Number Applied For ( ) FEI Number				ber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name a				d Address of New Registered Agent:		
MALONEY, JOHN L 3862 CENTRAL AVENUE ST. PETERSBURG, FL 33711 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:						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TUOMEY, WILLI	HWAY 19 NORTH, SUITE 400	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition UZANNE PRES RKAMACK RD, STE 302 NJ 07649	
Title: Name: Address: City-St-Zip:	SEC () GONZALES, CO 800 KINDERKAN ORADELL, NJ C	AACK RD	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition , CONRAD F SEC RKAMACK RD, STE 302 NJ 07649	
Title: Name: Address: City-St-Zip:	TUOMEY, MICH	WAY 19 NORTH, SUITE 400	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition A T VP IGHWAY 19 NORTH, SUITE 400 ER, FL 33763	
Title: Name: Address: City-St-Zip:	D () WHALEN, SUZA 800 KINDERKAR ORADELL, NJ ()	RMACK RD.	Title: Name: Address: City-St-Zip:		(X) Change () Addition UZANNE E DIR RKARMACK RD., STE 302 NJ 07649	
	D ()	Delete	Title:	D	(X) Change ( ) Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

LEYS, KEVIN H DIR

ORADELL, NJ 07649

FIELDS, DOTTIE VP

CLEARWATER, FL 33763

800 KINDERKAR, MACK RD., STE 302

26133 US 19 NORTH, SUITE 400

(X) Change ( ) Addition

SIGNATURE: MARY LITTLEJOHN-GARBER CONS 01/08/2009

LEYS, KEVIN H DIR

ORADELL, NJ 07649

RICE, LAURA T VP

800 KINDERKAR MACK RD.

() Delete

26133 US 19 NORTH, SUITE 400

CLEARWATER, FL 33763

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: