

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834287 (5)

1. Corporation Name:
COMPREHENSIVE HEALTH PLANNERS, INC.



Principal Place of Business 510 VONDERBURG DR STE 3000 BRANDON FL 33511	Mailing Address 510 VONDERBURG DR STE 3000 BRANDON FL 33511-5870
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/01/1975	3a. Date of Last Report 04/24/1996
21	26	4. FEI Number 51-0123308	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**HEALTH MAINTENANCE ORGANIZATIONS, INC.
 510 VONDERBURG DR
 BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETER, E. LESLIE (CHMN)		1.2 NAME	
STREET ADDRESS 510 VONDERBURG DR		1.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARKE, E. BOYD		2.2 NAME	
STREET ADDRESS 11 CENTURION COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP WILLOWDALE, ONTARIO		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COTTINGHAM, DUDLEY		3.2 NAME	
STREET ADDRESS RICHMOND ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP HAMILTON, BERMUDA		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LABONTE, LORRAINE		4.2 NAME	
STREET ADDRESS 510 VONDERBURG DR		4.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDER, HERBERT		5.2 NAME	
STREET ADDRESS 510 VONDERBURG DR		5.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert Schneider* DATE: *4/28/97* DAYTIME PHONE #: *813-685-0891*

CR2E034 (9/96)