

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90144 045 \*\*\*150.00

DOCUMENT # 834287

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1975

4. FEI Number

51-0123308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HEALTH MAINTENANCE ORGINAZATIONS, 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

FL

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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	TDVP <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARMFLASH, DAVID	4.2 NAME	
STREET ADDRESS	61 BROADWAY	4.3 STREET ADDRESS	115 Broadway
CITY-ST-ZIP	NEW YORK NY 10006	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHISENANT, CLAUDETTE	5.2 NAME	
STREET ADDRESS	510 VONDERBURG DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ELIA, ANNE	6.2 NAME	
STREET ADDRESS	61 BROADWAY	6.3 STREET ADDRESS	115 Broadway
CITY-ST-ZIP	NEW YORK NY 10006	6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an addres, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)