2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

| DOCUI 1. Entity Nam CBHP, IN | e | # F03000002 | | | 03-30-2005 90041 021 ***150.00 | | | | | |
|---|---|--|---|---------------------------|---|--|------------------|--------------|---|------------|
| Principal Place | e of Rusiness | 1 | Mailing Address | - | I | | | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TUE |
| Principal Place of Business 240 CORPORATE BLVD NORFOLD, VA 23502 | | | 240 CORPORATE BLVD NORFOLD, VA 23502 | | • • • • | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01072005 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | | City & State | | 4. FEI Number Applied For 71-0934379 Not Applicable | | | | | |
| Zip | Country | | Zip Coun | | try | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current | Registered Agent | tered Agent Name | | | Address of New R | egistered Ag | gent | |
| CORPORA | ATION SE | RVICE COMPANY | | | Naire | | | | | |
| 1201 HAYS | S STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | | | Zip Code | 9 |
| B. The above | | | | | | | | | | |
| 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 algnature required | | | | | | | ••• | DATE | | |
| , | | | | | | | | | | |
| FIL After Ma | E NOW!!! ay 1, 200! | FEE IS \$150.00 5 Fee will be \$550.0 | 9. Election Camp Trust Fund Co | aign Finar ntribution. | ncing \$5 | .00 May Be led to Fees | | | | |
| 10. | | OFFICERS AND | DIRECTORS | | ADDITIONS, | CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 | |
| TITLE NAME | PCD DOZORE | TZ, RONALD I M.D. | ☐ Defete TITT | | - I | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 240 CORPORATE BLVD NORFOLK, VA 23502 | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE NAME | V IRBY, EDWARD C JR | | ☐ Delete TIT | | | | | | ☐ Change | Addition |
| STREET ADDRESS | 240 CORPORATE BLVD | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | NORFOLK, VA 23502 | | | CITY | -ST-ZIP | | | | | |
| TITLE NAME | T ORAM, TI | HOMAS E | Detete | TITL NAM | | | | | Change . | Addition |
| STREET ADDRESS | 240 CORPORATE BLVD | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | NORFOLI | K, VA 23502 | | СПУ | -ST-ZIP | | | | | |
| TITLE NAME | S WHITE B | EBECCA H | ☐ Delete | TITL: | | | | | Change | ☐ Addition |
| STREET ADDRESS | | PORATE BLVD | | 1 | EET ADDRESS | | | | | |
| CITY-ST-ZIP | NORFOLI | K, VA 23502 | | СПУ | -ST-ZIP | | | | | |
| TITLE Name | AS NUSS, GI | OPIA 1 | ☐ Delete | TITL NAV | | | | | Change | Addition |
| STREET ADDRESS | | PORATE BLVD | | | EET ADDRESS | | | | | • |
| CITY-ST-ZIP | NORFOLI | K, VA 23502 | | СПУ | -ST-ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITL NAM | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | i | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | |
| 12. 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 embowered 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. | | | | | | | | | | |

Rebecca H. White, Secretary 3/17/05