

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002181

FILED
Apr 30, 2004
Secretary of State

Entity Name: CORPORATE HEALTH DIMENSIONS, INC.

Current Principal Place of Business:

40 BURTON HILLS BLVD.
SUITE 300
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD.
SUITE 300
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 14-1707583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, CHARLES D
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

Title: D () Delete
Name: COCHRANE, HAYWOOD D JR
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

Title: S () Delete
Name: WOLCOTT, SHANNON
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

Title: AS (X) Delete
Name: BOULDIN, T.MICHAEL
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN, FRANK A
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

Title: SVP (X) Change () Addition
Name: FARRINGTON, SHANNON W
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

Title: AS (X) Change () Addition
Name: BOULDIN, T. MICHAEL
Address: 40 BURTON HILLS BLVD,STE 400
City-St-Zip: NASHVILLE, TN 37215

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHANNON FARRINGTON

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04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date