2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002181

Entity Name: CORPORATE HEALTH DIMENSIONS, INC.

FILED Apr 25, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
|---|---|---|--|----------------|------------------------------|----------|
| SUITE 200 | N HILLS BLVD. E, TN 37215 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| SUITE 200 | N HILLS BLVD. E, TN 37215 | | | | | |
| FEI Number: | 14-1707583 | FEI Number Applied For () FEI Nu | mber Not Appli | icable () | Certificate of Status Desire | ed () |
| Name and | Address of Cu | ırrent Registered Agent: | Name and | Address of N | lew Registered Agent: | |
| SUITE 4 WESTON, | :UTIVÉ PARK [FL 33331 US named entity su | DRIVE ubmits this statement for the purpose of | of changing it | s registered o | ffice or registered agent, | or both, |
| SIGNATUR | | | | | | |
| SICINATOR | | Signature of Registered Agent | | | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | MARTIN, FRANK | S BLVD,STE 200 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | BOCK, DAVID R | Delete .S BLVD,STE 200 37215 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | BOULDIN, T. MIC | S BLVD,STE 200 | Title: Name: Address: City-St-Zip: | MCKNIGHT, JA | LLS BLVD,STE 200 | |
| Title: Name: Address: City-St-Zip: | ROZENFELD, YU | S BLVD, STE 200 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: |]() | Delete | Title: Name: Address: City-St-Zip: | NELMS, DANN | LLS BLVD, STE 200 | |
| Title: Name: Address: City-St-Zip: | 1() | Delete | Title: Name: Address: City-St-Zip: | MAILLIE, ROSE | LLS BLVD, STE 200 | |

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.

SIGNATURE: JAMES R. MCKNIGHT, JR. MGR 04/25/2008