


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

06-07-2004 90504 042 ****50.00

DOCUMENT # L02000015043	
1. Entity Name CORPORATE HEALTH PARTNERS, LLC	

Principal Place of Business 312 W. FIRST ST 300 SANFORD FL 32771	Mailing Address 312 W. FIRST ST 300 SANFORD FL 32771
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2. Principal Place of Business 1713 Edgemoor Cr Suite, Apt. #, etc. #105 City & State Sanford Zip 32771 Country USA	3. Mailing Address 305 Clyde Morris Blvd Suite, Apt. #, etc. Ste 220 City & State Ormond Beach, FL Zip 32174 Country USA
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4. FEI Number 148780919 AP-PLIED FOR	CR2E083 (11/03) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GUERRINA, JOHN 534 ALPINE ST ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent Name John Guerrina Street Address (P.O. Box Number is Not Acceptable) 1913 Edgebrook Cr, #105 City Sanford FL Zip Code 32771
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8. 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: John Guerrina **DATE:** 6/2/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUERRINA, JOHN 514 ALPINE ST ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Guerrina, John 1913 Edgebrook Cr, #105 Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John Guerrina **DATE:** 6/2/04 **Daytime Phone #** 3865471690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE