2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# P02000082770

Entity Name: COMPLETE HEALTH PHYSICIANS ASSOCIATES, INC.

Current Principal Place of Business:

618 W MAIN STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

618 N MAIN STREET
KISSIMMEE, FL 34744

Current Mailing Address:

618 W MAIN STREET
KISSIMMEE, FL 34744

New Mailing Address:

618 N MAIN STREET
KISSIMMEE, FL 34744

FEI Number: 56-2286478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, BRYON
618 W.MAIN STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MOORE, BRYON
618 N MAIN STREET
KISSIMMEE, FL 34744 US

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: 04/06/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOORE, BRYON R
Address: 407 EASTERN AVE
City-St-Zip: ST.CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOORE, BRYON R
Address: 4690 RUMMELL ROAD
City-St-Zip: ST.CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYON R MOORE P 04/06/2007
Electronic Signature of Signing Officer or Director — Date