

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079517

Entity Name: COMPREHENSIVE PRACTICE SYSTEMS INC

FILED  
Mar 19, 2007  
Secretary of State

**Current Principal Place of Business:**

1065 NE 125 STREET  
SUITE 405  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

1065 NE 125 STREET  
SUITE 405  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 20-0117233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDBERG, MICHAEL P.A.  
16855 NE 2ND AVENUE  
SUITE 303  
N. MIAMI BEACH, FL 33162 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: P ( ) Delete  
Name: SEGAL, SCOTT  
Address: 1065 NE 125 STREET, #409  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SEGAL, SCOTT  
Address: 1065 NE 125 STREET, #405  
City-St-Zip: MIAMI, FL 33161

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: SCOTT SEGAL

P

03/19/2007

Electronic Signature of Signing Officer or Director

Date