## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000079517

Entity Name: COMPREHENSIVE PRACTICE SYSTEMS INC

FILED Apr 25, 2011 Secretary of State

| Current Principal Place of Business:  |                                 | New Principal Place o         | New Principal Place of Business:  |  |
|---|---------------------------------|-------------------------------|---|--|
| 1065 NE 125 STREET<br>SUITE 405<br>MIAMI, FL 33161  |                                 |                               |   |  |
| Current Mailing Address:  |                                 | New Mailing Address:          |   |  |
| 1065 NE 125 STREET<br>SUITE 405<br>MIAMI, FL 33161  |                                 |                               |   |  |
| FEI Number: 20-0117233  | FEI Number Applied For ( )      | FEI Number Not Applicable ( ) | Certificate of Status Desired (X)   |  |
| Name and Address of Current Registered Agent:   |                                 | Name and Address of           | Name and Address of New Registered Agent:   |  |
| 16855 NE 2ND AVENUE<br>SUITE 303  |                                 |                               |   |  |
| 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:  |                                 |                               |   |  |
| Electro   | nic Signature of Registered Age | nt                            | Date  |  |
| 1065 NE 125 STREET SUITE 405 MIAMI, FL 33161  FEI Number: 20-0117233 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  GOLDBERG, MICHAEL P.A. 16855 NE 2ND AVENUE SUITE 303 N. MIAMI BEACH, FL 33162 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida.  SIGNATURE: |                                 |                               | Certificate of Status Desired (X)  New Registered Agent:  office or registered agent, or both |  |

## **OFFICERS AND DIRECTORS:**

Title:

Name: SEGAL, SCOTT

Address: 1065 NE 125 STREET, #405

City-St-Zip: MIAMI, FL 33161

I hereby 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 all other like empowered.

SIGNATURE: SCOTT SEGAL PRES 04/25/2011