

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069537

FILED
Apr 30, 2009
Secretary of State

Entity Name: COMPLEX MEDICAL BENEFITS, INC.

Current Principal Place of Business:

4101 28TH AVENUE NORTH
SAINT PETERSBURG, FL 33714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7051
SAINT PETERSBURG, FL 33734 US

New Mailing Address:

FEI Number: 26-2892964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTMAN, THOMAS
4101 28TH AVENUE NORTH
SAINT PETERSBURG, FL 33714 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: FORTMAN, THOMAS
Address: 4101 28TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: VP () Delete
Name: CLARK, SCOTT
Address: 4101 28TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS FORTMAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date