

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P19299**

1. Entity Name  
**COMPHEALTH ASSOCIATES, INC.**



Principal Place of Business  
**4021 SOUTH 700 EAST, SUITE 300  
SALT LAKE CITY, UT 84107**

Mailing Address  
**P.O. BOX 57915  
ATTN: TAX DEPT.  
SALT LAKE CITY, UT 84157-0915**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-0878058**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCED
NAME	WEINHOLTZ, MICHAEL R
STREET ADDRESS	4021 S 700 E. STE #300
CITY-STATE-ZIP	SALT LAKE CITY, UT 84107
TITLE	VP
NAME	WARRICK, DOUG
STREET ADDRESS	4021 S 700 E. STE #300
CITY-STATE-ZIP	SALT LAKE CITY, UT 84107
TITLE	STVC
NAME	DAILEY, SEAN
STREET ADDRESS	S 700 E., STE #300
CITY-STATE-ZIP	SALT LAKE CITY, UT 84107
TITLE	VCOO
NAME	DECAMP, DONALD
STREET ADDRESS	4021 SOUTH 700 EAST, STE 300
CITY-STATE-ZIP	SALT LAKE CITY, UT 84107
TITLE	D
NAME	QUIGLEY, JOHN
STREET ADDRESS	22 CHAMBERS STREET
CITY-STATE-ZIP	PRINCETON, NJ 08542
TITLE	D
NAME	FONTAINE, RICHARD
STREET ADDRESS	155 WEBSTER COURT
CITY-STATE-ZIP	PARK CITY, UT 84060

1100000304390  
04/14/05-80041-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Doug Warrick, V.P.**

**4/15/05**

**801-284-6929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #