

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 001 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
06-0878058

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Linehan	
STREET ADDRESS	2490 Sand Hill Road	
CITY-ST-ZIP	Menlo Park, CA 94025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nader Naini	
STREET ADDRESS	Two Union Sq, 601 Union St, Ste 3200	
CITY-ST-ZIP	Seattle, WA 98101	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Lowell	
STREET ADDRESS	35 Woodcrest	
CITY-ST-ZIP	Irvine, CA 92603	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Thomas Smith	
STREET ADDRESS	17703 Cedar Creek Canyon	
CITY-ST-ZIP	Dallas, TX 75252	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Whitney	
STREET ADDRESS	624 9th Street	
CITY-ST-ZIP	Manhattan Beach, CA 90266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.** **4/21/06** **801-264-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #