

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90328 035 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062007

Chg-P

CR2E034 (12/06)

4. FEI Number
06-0878058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2007 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	<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	LINEHAN, CHARLES	
STREET ADDRESS	2490 SAND HILL RD	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FONTAINE, RICHARD	
STREET ADDRESS	155 WEBSTER COURT	
CITY-ST-ZIP	PARK CITY, UT 84060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinholtz, Michael	
STREET ADDRESS	4021 S 700 E Ste 300	
CITY-ST-ZIP	Salt Lake City, UT 84107	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whitney, Richard	
STREET ADDRESS	624 9th Street	
CITY-ST-ZIP	Manhattan Beach, CA 90266	
TITLE	STV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dailey, Sean	
STREET ADDRESS	4021 S 700 E Ste 300	
CITY-ST-ZIP	Salt Lake City, UT 84107	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cannizzaro, Michael	
STREET ADDRESS	111 Huntington Ave - Ste 2900	
CITY-ST-ZIP	Boston, MA 02199-7610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yun, Edward	
STREET ADDRESS	111 Huntington Ave - Ste 2900	
CITY-ST-ZIP	Boston, MA 02199-7610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tricolli, Mark	
STREET ADDRESS	111 Huntington Ave - Ste 2900	
CITY-ST-ZIP	Boston, MA 02199-7610	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Warrick, V.P.

Date

Daytime Phone #

801-264-6400