

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19299

FILED
Apr 13, 2009
Secretary of State

Entity Name: COMPHEALTH ASSOCIATES, INC.

Current Principal Place of Business:

6440 SOUTH MILLROCK DR, SUITE 175
SALT LAKE CITY, UT 84121

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 713100
ATTN: TAX DEPT.
SALT LAKE CITY, UT 841713100

New Mailing Address:

FEI Number: 06-0878058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: WEINHOLTZ, MICHAEL R
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: VP () Delete
Name: WARRICK, DOUG
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: STV () Delete
Name: DAILEY, SEAN
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: VCOO () Delete
Name: DECAMP, DONALD
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: D () Delete
Name: WHITNEY, RICHARD
Address: 624 9TH ST
City-St-Zip: MANHATTAN BEACH, CA 90266

Title: D () Delete
Name: CANNIZZARO, MICHAEL
Address: 7477 E DRY CREEK PARKWAY
City-St-Zip: LONGMONT, CO 80503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DC (X) Change () Addition
Name: CHILDS, JOHN
Address: 111 HUNTINGTON AVE, STE 2900
City-St-Zip: BOSTON, MA 021997610

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: DOUG WARRICK

V.P.

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date