

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19299

FILED
Apr 12, 2012
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: WEINHOLTZ, MICHAEL R
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

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

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

Title: DC
Name: CHILDS, JOHN
Address: 1000 WINTER STREET - SUITE 4300
City-St-Zip: WALTHAM, MA 02451

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

Title: D
Name: CANNIZZARO, MICHAEL
Address: 1531 SOUTH TELEGRAPH RD
City-St-Zip: LAKE FOREST, IL 60045

I hereby 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 all other like empowered.

SIGNATURE: DOUG WARRICK

VP

04/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date