2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P92000002068

Entity Name: COMPREHENSIVE PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

2309 W M L KING BLVD
STE 5
TAMPA, FL 33607 US

New Principal Place of Business:

2604 W. WATERS AVE
TAMPA, FL 33614 US

Current Mailing Address:

P O BOX 4748
TAMPA, FL 33677 US

New Mailing Address:

2604 W. WATERS AVE
TAMPA, FL 33614 US

FEI Number: 59-3149879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIAN, PAUL K
523 LUCERNE AVE
TAMPA, FL 33606 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: DR ( ) Delete
Name: CHRISTIAN, PAUL K.
Address: 523 LUCERNE AVE
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: CHRISTIAN, PAUL K
Address: 523 LUCERNE AVE
City-St-Zip: TAMPA, FL 33606 US

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: PAUL K. CHRISTIAN DR. 02/03/2009
Electronic Signature of Signing Officer or Director Date