

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:43

DOCUMENT # P94000094326 (3)

1. Corporation Name

COMPREHENSIVE MEDICAL GROUP, INC.

Principal Place of Business

8950 N KENDALL DR
SUITE 406
MIAMI FL 33176

Mailing Address

8950 N KENDALL DR
SUITE 406
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report

4. FEI Number
APPLICABLE FOR

Applied For
 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B & C CORPORATE SERVICES INC
201 S BISCAYNE BLVD
SUITE 300 MIAMI CENTER
MIAMI FL 33131

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

~~TITLE: RICE, THOMAS MD
NAME: RICE, THOMAS MD
STREET ADDRESS: 8950 N KENDALL DR SUITE 406
CITY - ST - ZIP: MIAMI FL 33176~~

1.1 TITLE: Change Addition
1.2 NAME: **D SERGIO GONZALEZ-ARIAS MD**
1.3 STREET ADDRESS: **8950 NORTH KENDALL DR # 406**
1.4 CITY - ST - ZIP: **MIAMI FLA 33176**

TITLE: **D**
NAME: **KRONBERG, FRANK MD**
STREET ADDRESS: **8950 N KENDALL DR SUITE 406**
CITY - ST - ZIP: **MIAMI FL 33176**

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

TITLE: **D**
NAME: **GOULD, ED MD**
STREET ADDRESS: **8950 N KENDALL DR SUITE 406**
CITY - ST - ZIP: **MIAMI FL 33176**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE: **D**
NAME: **ZAGORSKI, JOSEPH MD**
STREET ADDRESS: **8950 N KENDALL DR SUITE 406**
CITY - ST - ZIP: **MIAMI FL 33176**

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE: **D**
NAME: **KAYWIN, PAUL MD**
STREET ADDRESS: **8950 N KENDALL DR SUITE 406**
CITY - ST - ZIP: **MIAMI FL 33176**

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE: **D**
NAME: **SIEGEL, PAUL MD**
STREET ADDRESS: **8950 N KENDALL DR SUITE 406**
CITY - ST - ZIP: **MIAMI FL 33176**

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (checked), or in an attachment with an address.

SIGNATURE:

SERGIO GONZALEZ-ARIAS
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/28/95
(Date)

(305) 271-6159
(Telephone Number)