


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90007 047 ***150.00

DOCUMENT # P96000016399 1. Entity Name COMPREHENSIVE PHYSICIANS GROUP, INC.	
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Principal Place of Business 499 E. CENTRAL PARKWAY SUITE 215 ALTAMONTE SPRINGS, FL 32701	Mailing Address 499 E. CENTRAL PARKWAY SUITE 215 ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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40054328



03052008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3361363	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVINE, BRADFORD 499 E. CENTRAL PARKWAY SUITE 215 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. LEVINE, BRADFORD 499 E. CENTRAL PARKWAY SUITE 215 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **0326.08** **407.332.1904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #