

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/27

01-27-2003 90370 044 ***150.00

DOCUMENT # P96000016399

1. Entity Name
COMPREHENSIVE PHYSICIANS GROUP, INC.



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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LEVINE, BRADFORD
499 E. CENTRAL PARKWAY
SUITE 215
ALTAMONTE SPRINGS FL 32701**

4. FEI Number **59-3361363** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

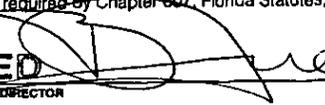
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D LEVINE, BRADFORD % 499 E. CENTRAL PARKWAY SUITE 215 ALTAMONTE SPRINGS FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE REQUIRED  02-10-03 407-332-1904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)