

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 18 1997 8:00am
Secretary of State

DOCUMENT # P96000033344 (8)

1. Corporation Name
COMPREHENSIVE FAMILY PHYSICIANS, INC.

Principal Place of Business

6900 SILVER STAR RD.
SUITE 110
ORLANDO FL 32808

Mailing Address

6900 SILVER STAR RD.
SUITE 110
ORLANDO FL 32818-3186



2. Principal Place of Business
21 2840 N. HIAWASSEE ROAD
Suite, Apt. #, etc.
22 SUITE 428
City & State
23 ORLANDO, FL
Zip
24 32818
Country
25 ORANGE

2a. Mailing Address
26 2840 N. HIAWASSEE ROAD
Suite, Apt. #, etc.
27 SUITE 428
City & State
28 ORLANDO, FL
Zip
29 32818
Country
30 ORANGE

3. Date Incorporated or Qualified
04/15/1996
3a. Date of Last Report
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

9. Name and Address of Current Registered Agent

BANSEL, KARAM J.K.
6900 SILVER STAR RD.
SUITE 110
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
KARAM BANSEL MD
82 Street Address (P.O. Box Number is Not Acceptable)
4482 BEGONIA COURT
83
84 City
WINDERMERE FL
85 Zip Code
34786

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BANSEL, KARAM J.K.	6900 SILVER STAR RD., STE. 110	ORLANDO FL 32808	<input checked="" type="checkbox"/>
DIRECTOR	BANSEL, KARAM J K, MD	4482 BEGONIA COURT	WINDERMERE, FL 34786	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
D	BANSEL, KARAM J.K. MD	4482 BEGONIA COURT	WINDERMERE, FL 34786	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 (407) 292-2200
Date Daytime Phone

CR2E034 (9/96)