

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033344

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** COMPREHENSIVE FAMILY PHYSICIANS, INC.

**Current Principal Place of Business:**

13351 NW 173RD ST  
ALACHUA, FL 32615 US

**New Principal Place of Business:**

**Current Mailing Address:**

13351 NW 173RD ST  
ALACHUA, FL 32615 US

**New Mailing Address:**

**FEI Number:** 59-3379502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANSEL, KARAM MD  
13351 NW 173RD ST  
ALACHUA, FL 32615 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: D  
Name: BANSEL, KARAM J.K.  
Address: 13351 NW 173RD ST  
City-St-Zip: ALACHUA, FL 32615 US

Title: T  
Name: BANSEL, UJJAL  
Address: 2267 NW 17TH AVE  
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby 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 all other like empowered.

**SIGNATURE:** INDIVIDUAL

MD

04/28/2010

Electronic Signature of Signing Officer or Director

Date