


**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

04-15-2004 90017 010 \*\*\*\*61.25  
FILE P98000027661

<b>DOCUMENT # P98000027661</b>					
1. Entity Name <b>CORPORATE MEDICAL BENEFITS, INC.</b>					
Principal Place of Business 3319 WEST PALMIRA AVENUE TAMPA, FL 33629		Mailing Address 3319 WEST PALMIRA AVENUE TAMPA, FL 33629			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3510816</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PERDIGON, K.J. 3319 WEST PALMIRA AVENUE TAMPA, FL 33629</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 restoring)					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERDIGON, GEORGE LEE		NAME		
STREET ADDRESS	3319 WEST PALMIRA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERDIGON, K.J.		NAME		
STREET ADDRESS	3319 WEST PALMIRA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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: <i>K. J. Perdigon</i>		K.J. Perdigon		4/9/04 813-900-1646	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day, etc. Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

34001741



04092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3510816**

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 restoring)

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

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CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
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SIGNATURE: *K. J. Perdigon* K.J. Perdigon 4/9/04 813-900-1646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, etc. Phone #