

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 031 ***150.00



DOCUMENT # P98000027661
 1. Entity Name
CORPORATE MEDICAL BENEFITS, INC.

Principal Place of Business Mailing Address
3319 WEST PALMIRA AVENUE **3319 WEST PALMIRA AVENUE**
TAMPA FL 33629 **TAMPA FL 33629**

2. Principal Place of Business 3. Mailing Address
18527 Kingbird Dr. *18527 Kingbird Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lutz, FL *Lutz, FL*
 Zip Country Zip Country
33558 *USA* *33558* *USA*

4. FEI Number Applied For
59-3510816 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
PERDIGON, K.J.
3319 WEST PALMIRA AVENUE
TAMPA FL 33629

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 *[Signature]* *[Signature]* *[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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PERDIGON, K.J.	
STREET ADDRESS	3319 WEST PALMIRA AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* *[Signature]* *813-960-4093*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #