


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90041 004 \*\*\*150.00

**DOCUMENT # P98000027661**

1. Entity Name  
**CORPORATE MEDICAL BENEFITS, INC.**



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  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

4. FEI Number **59-3510816** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PERDIGON, GEORGE LEE**  
**3319 WEST PALMIRA AVENUE**  
**TAMPA FL 33629**

**7. Name and Address of New Registered Agent**

Name K.J. Perdigon  
Street Address (P.O. Box Number Not Acceptable)  
3319 W. Palmira Avenue  
City TAMPA FL Zip Code 33629

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 George Lee Perdigon DATE 3/21/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PERDIGON, GEORGE LEE</b>
STREET ADDRESS	<b>3319 WEST PALMIRA AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>PERDIGON, K.J.</b>
STREET ADDRESS	<b>3319 WEST PALMIRA AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
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: K.J. Perdigon **SIGNATURE REQUIRED** DATE 3/31/03 DAYTIME PHONE # 813-902-1646

CR2E034 (10/02)