

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043061

FILED
Jan 29, 2007
Secretary of State

Entity Name: COMPREHENSIVE BIOMEDICAL SERVICES, INC.

Current Principal Place of Business:

2621 W MICHIGAN AVE
PENSACOLA, FL 32526

New Principal Place of Business:

5811 LOUISVILLE AVE
PENSACOLA, FL 32526

Current Mailing Address:

2621 W MICHIGAN AVE
PENSACOLA, FL 32526

New Mailing Address:

5811 LOUISVILLE AVE
PENSACOLA, FL 32526

FEI Number: 59-3492624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEMING, FLETCHER
226 PALAFOX PLACE
9TH FLOOR
PENSACOLA, FL 32598 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: PD () Delete
Name: HOWELL, LLOYD C JR
Address: 6280 KIRSTEN DR
City-St-Zip: PENSACOLA, FL 32504

Title: VPD (X) Delete
Name: NORTON, DOUGLAS
Address: 5811 LOUISVILLE AVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORTON, DOUGLAS J
Address: 5811 LOUISVILLE AVE
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS J NORTON

PD

01/29/2007

Electronic Signature of Signing Officer or Director

Date