

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046496

FILED
Jan 28, 2005
Secretary of State

Entity Name: COMPREHENSIVE HOSPITAL PHYSICIANS OF FLORIDA, INC.

Current Principal Place of Business:

2600 MICHELSON DRIVE
1400
IRVINE, CA 92612 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30870
LAGUNA HILLS, CA 92653 US

New Mailing Address:

FEI Number: 33-0838223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PCEO () Delete
Name: PUZARNE, ALAN
Address: 2600 MICHELSON DR STE 1400
City-St-Zip: IRVINE, CA 92612

Title: S (X) Delete
Name: THOMAS, TOBY
Address: 2600 MICHELSON DR STE 1400
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: THOMAS, TOBY
Address: 2600 MICHELSON DR STE 1400
City-St-Zip: IRVINE, CA 92612

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 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 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: TOBY THOMAS

ST

01/28/2005

Electronic Signature of Signing Officer or Director

Date