2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P98000046496

Entity Name: COMPREHENSIVE HOSPITAL PHYSICIANS OF FLORIDA, INC.

Current Principal Place of Business:

5410 MARYLAND WAY
STE. 300
BRENTWOOD, TN 37027 US

New Principal Place of Business:

Current Mailing Address:

5410 MARYLAND WAY
STE. 300
BRENTWOOD, TN 37027 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: PD
Name: LOEPER, JOANNE
Address: 5410 MARYLAND WAY STE. 300
City-St-Zip: BRENTWOOD, TN 37027

Title: TD
Name: BROWNIE, SUSAN
Address: 5410 MARYLAND WAY STE. 300
City-St-Zip: BRENTWOOD, TN 37027

Title: S
Name: MEFFORD, DOUG
Address: 5410 MARYLAND WAY STE. 300
City-St-Zip: BRENTWOOD, TN 37027

Title: AT
Name: HEES, DAVID
Address: 5410 MARYLAND WAY STE. 300
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: HOLMAN, RUSSELL M.D.
Address: 5410 MARYLAND WAY, STE. 300
City-St-Zip: BRENTWOOD, TN 37027

I hereby 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 all other like empowered.

SIGNATURE: DOUG MEFFORD SEC 02/18/2010

Electronic Signature of Signing Officer or Director Date