

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90212 032 ***150.00

DOCUMENT # P98000068747

1. Corporation Name

COMPREHENSIVE PRACTICE MANAGEMENT, CORP.

Principal Place of Business

138 N. MOON AVE., STE. B
BRANDON FL 33510

Mailing Address

138 N. MOON AVE., STE. B
BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

59-3526654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 804 HWY 574 E.

Suite, Apt. #, etc.

22 SUITE B

City & State

23 SEFFNER FL.

Zip

24 33584

Country

25 USA

2a. Mailing Address

26 P.O. Box 16911

Suite, Apt. #, etc.

City & State

28 TAMPA FL.

Zip

29 33687

Country

30 USA

9. Name and Address of Current Registered Agent

HOLLENBECK, CHARLES R
138 N. MOON AVE., STE. B
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

804 E HWY 574 SUITE B

83

84 City SEFFNER

FL

85

Zip Code 33584

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CHUCK HOLLENBECK PRESIDENT 3/8/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOLLENBECK, CHARLES R
STREET ADDRESS 138 N. MOON AVE., STE. B
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ DELETE

NAME ALONSO, BELINDA
STREET ADDRESS 138 N. MOON AVE., STE. B
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHUCK HOLLENBECK PRES 3/8/99

817-684-6729

CR2E034 (1/98)