

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068747

FILED
Jan 03, 2005
Secretary of State

Entity Name: COMPREHENSIVE PRACTICE MANAGEMENT, CORP.

Current Principal Place of Business:

201 SEFFNER AVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16911
TAMPA, FL 33687

New Mailing Address:

FEI Number: 59-3526654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLENBECK, CHARLES R
804 E. HWY 574 STE. B
SEFFNER, FL US

Name and Address of New Registered Agent:

HOLLENBECK, CHARLES R
201 SEFFNER AVE
SEFFNER, FL 33584 US

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: CHARLES R. HOLLENBECK

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLENBECK, CHARLES R
Address: 201 SEFFNER AVE
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: ALONSO, BELINDA
Address: 201 SEFFNER AVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHARLES R. HOLLENBECK

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date