

P98000/06954  
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 9602873  
(Sub Account)

DATE: 10/4

REQUESTOR NAME: Lexis Document Services

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: Comprehensive Health Management, Inc.

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

Chg. RA  
35.00

FILED  
2002 OCT -4 PM 3:50  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 02 OCT -4 PM 2:15  
DIVISION OF CONFORMATION

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Call if Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

400008212944--2

C. Coulllette OCT 04 2002

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Comprehensive Health Management, Inc.
- 2. The principal office address: 6800 North Dale Mabry Highway, Suite 268, Tampa, FL 33614
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-22-1998 Document number: P980001

5. The name and street address of the current registered agent and registered office on file with Florida Department of State:  
Patel, Sandip I Esq.  
6800 N. Dale Mabry Hwy #268  
Tampa, FL 33614

FILED  
2002 OCT -4 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
LexisNexis Document Solutions Inc.  
3953 W.W. Kelley Road  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, FL 32311

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Todd S. Farha (Signature of an officer, chairman or vice chairman of the board) Todd S. Farha, CEO & President (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Kimberly L. Sharpe (Signature of Registered Agent) 10.2.02 (Date)

If signing on behalf of an entity:  
Kimberly L. Sharpe (Typed or Printed Name) Assistant Secretary (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314