


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000106954</b> 1. Entity Name <b>COMPREHENSIVE HEALTH MANAGEMENT, INC.</b>			<b>FILED</b> 05 APR 15 PH 5: 26 TALLAHASSEE, FLORIDA
Principal Place of Business <b>6800 NORTH DALE MABRY HWY., STE. 270 TAMPA, FL 33614</b>		Mailing Address <b>6800 NORTH DALE MABRY HWY., STE. 270 TAMPA, FL 33614</b>	
2. Principal Place of Business <b>8735 HENDERSON ROAD, REN 2</b> Suite, Apt. #, etc.		3. Mailing Address <b>8735 HENDERSON ROAD, REN 2</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>	
Zip <b>33634</b>		Zip <b>33634</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3547616</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		<b>800050929888</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FARHA, TODD S 6800 N. DALE MABRY HWY. #268 TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO/D FARHA, TODD S. 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, DAVID 6800 N. DALE MABRY HW., #268 TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D SMITH, DAVID 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BEREAY, THADDEUS 6800 N. DALE MABRY HW., #268 TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D BEREDAY, THADDEUS 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTCF BEHRENS, PAUL L 6800 N DALE MABRY HWY STE 268 TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/D BEHRENS, PAUL L. 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: <b>4/12/05</b>	Daytime Phone #: <b>813-290-6353</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 315782 7105070

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 158.75

ORDER DATE : April 14, 2005

ORDER TIME : 2:43 PM

ORDER NO. : 315782-045

CUSTOMER NO: 7105070

CUSTOMER: Ms. Sandra L. Blake  
Greenberg Traurig, P.a.  
Suite 500  
800 Connecticut Avenue, N.w.  
Washington, DC 20006

ANNUAL REPORT FILING

NAME: COMPREHENSIVE HEALTH  
MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: \_\_\_\_\_

APR 15 2005 10:14 AM