

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90135 015 ***150.00

DOCUMENT # P98000106954



1. Entity Name
COMPREHENSIVE HEALTH MANAGEMENT, INC.

Principal Place of Business
**6800 NORTH DALE MABRY HWY., STE. 270
TAMPA FL 33614**

Mailing Address
**6800 NORTH DALE MABRY HWY., STE. 270
TAMPA FL 33614**

11010386



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3547616**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLY RD.
TALLAHASSEE FL 32311**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATEL, PRADIP C 3107 MOSSVALE LANE TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAH, RUPEAH R 2506 LAKE ELLEN DR TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PATEL, KIRAN C MD 11609 CARROLLWOOD DRIVE TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD S. FARHA 6800 N. DALE MABRY HWY, #268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID SMITH 6800 N. DALE MABRY HWY, #268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THADDEUS BEREDAY 6800 N. DALE MABRY HWY, #268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT TRUMPY 6800 N. DALE MABRY HWY, #268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/03** Daytime Phone # **813-290-6353**

CR2E034 (10/02)