

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 09, 2008 08:00 AM  
Secretary of State**

DOCUMENT # P99000071525 1. Entity Name COORDINATED BENEFITS GROUP, INC.	
---	---

Principal Place of Business 4190 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32216	Mailing Address 4190 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32216
---	---



**DO NOT WRITE IN THIS SPACE**

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3598069	Applied For 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  WATSON, TODD ESQ. 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32257	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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)

U00000953801  
07/09/08-80006-015 158.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESORBO, STEPHEN J 4190 BELFORT RD SUITE 300 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Stephen Desorbo President 7-7-8 904-281-0511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #