


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P94000020451 1. Entity Name COMPREHENSIVE BREAST CARE CENTERS, INC.	
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Principal Place of Business 1380 N.E. MIAMI GARDENS DRIVE N. MIAMI BEACH, FL 33179	Mailing Address 1380 N.E. MIAMI GARDENS DRIVE N. MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0475152	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRAYND, GERMAN 1380 NE MIAMI GARDENS DR 105 NMB, FL 33179

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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, 2007 Fee will be \$550.00

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

TITLE	D
NAME	FRAYND, GERMAN
STREET ADDRESS	1380 N.E. MIAMI GARDENS DRIVE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	D
NAME	OXEMBERG, JOSEPH
STREET ADDRESS	1380 NE MIAMI GARDENS DR
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	FRAYND, ALAN
STREET ADDRESS	1380 NE MIAMI GARDENS DR
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Joseph Oxemberg* AS J.P. 2/26/07 3059474461

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