



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000020451 1. Entity Name COMPREHENSIVE BREAST CARE CENTERS, INC.	
--	---

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
--	--

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0475152	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

FRAYND, GERMAN  
 1380 NE MIAMI GARDENS DR  
 105  
 NMB, FL 33179

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

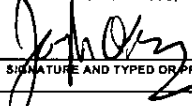
10. OFFICERS AND DIRECTORS

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:
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

000000918586  
 05/13/08-80088-012 150.00

**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:  DATE: 4/20/08 DAYTIME PHONE #: 3059443132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR