

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020451

FILED
Apr 30, 2009
Secretary of State

Entity Name: COMPREHENSIVE BREAST CARE CENTERS, INC.

Current Principal Place of Business:

1380 N.E. MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

1380 N.E. MIAMI GARDENS DRIVE
105
N. MIAMI BEACH, FL 33179

Current Mailing Address:

1380 N.E. MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179

New Mailing Address:

1380 N.E. MIAMI GARDENS DRIVE
105
N. MIAMI BEACH, FL 33179

FEI Number: 65-0475152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRAYND, GERMAN
Address: 1380 N.E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: D () Delete
Name: OXEMBERG, JOSEPH
Address: 1380 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: FRAYND, ALAN
Address: 1380 NE MIAMI GARDENS DR
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH OXEMBERG

VP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date