

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020451

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** COMPREHENSIVE BREAST CARE CENTERS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: OXEMBERG, JOSEPH  
Address: 1380 NE MIAMI GARDENS DR  
City-St-Zip: MIAMI, FL 33179

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH OKSEMBERG

VP

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date