

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020451

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

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**6726169666CC**

**Current 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  
105  
N. MIAMI BEACH, FL 33179

**FEI Number: 65-0475152**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

Title D  
Name FRAYND, ALAN  
Address 1380 NE MIAMI GARDENS DR  
City-State-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 OXEMBERG**

**MGR**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date