

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L19946

1. Entity Name
**COMPREHENSIVE MEDICAL MANAGEMENT SERVICES,
INC.**



Principal Place of Business
**600 W 20TH ST.
1200 PONCE DE LEON BLVD
HIALEAH, FL 33010 US**

Mailing Address
**590 WEST 20 ST
HIALEAH, FL 33010 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0203264

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRACERAS, WILFRED
590 W 20TH ST.
HIALEAH, FL 33010**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BRACERAS, WILFRED 590 W 20TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000280321
03/30/05-80015-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Wilfred Bracer* **WILFRED BRACERAS** **03/25/05** **(305)863-8860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #