


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRACERAS, WILFRED 590 W 20TH ST. HIALEAH, FL 33010		<div>01082006 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number: 65-0203264 Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</div>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>UN00000514539 04/29/06-80176-011 158.75</div> <div>DO NOT WRITE IN THIS SPACE</div>
TITLE	PSTD	
NAME	BRACERAS, WILFRED	
STREET ADDRESS	590 W 20TH ST	
CITY- ST- ZIP	HIALEAH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <u>Wilfred Bracer</u>		PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/12/06
		Daytime Phone #