


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90102 016 ***158.75

DOCUMENT # L19946 1. Entity Name COMPREHENSIVE MEDICAL MANAGEMENT SERVICES, INC.	
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40076811



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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>760 Ponce de Leon Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Orlando, FL</i>	
Zip	Country	Zip <i>33134</i>	Country <i>Mexico</i>

02052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0203264	Applied For Not Applicable
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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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRACERAS, WILFRED 590 W 20TH ST HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: WILFRED BRACERAS, PRESIDENT *Wilfred Braceras* 04/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #