


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90028 038 \*\*\*158.75

<b>DOCUMENT # L19946</b> 1. Entity Name <b>COMPREHENSIVE MEDICAL MANAGEMENT SERVICES, INC.</b>																													
Principal Place of Business <b>600 W 20TH ST. 1200 PONCE DE LEON BLVD HIALEAH, FL 33010 US</b>			Mailing Address <b>760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>3451 Commerce Parkway</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 102</b>																											
City & State <b>Miramar, Florida</b>		City & State <b>FL</b>		4. FEI Number <b>65-0203264</b>																									
Zip <b>33025</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BRACERAS, WILFRED 590 W 20TH ST. HIALEAH, FL 33010</b>			7. Name and Address of New Registered Agent Name <b>Braceras, Wilfred</b> Street Address (P.O. Box Number is Not Acceptable) <b>760 Ponce De Leon Blvd.</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>																										
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: <b>Wilfred Braceras, Pres &amp; CEO</b> <b>04/11/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD BRACERAS, WILFRED</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRACERAS, WILFRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>590 W 20TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL</td> <td></td> </tr> </table>			TITLE	PSTD BRACERAS, WILFRED	<input type="checkbox"/> Delete	NAME	BRACERAS, WILFRED		STREET ADDRESS	590 W 20TH ST		CITY-ST-ZIP	HIALEAH, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD Braceras, Wilfred</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Braceras, Wilfred</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>760 Ponce De Leon Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables, FL 33134</td> <td></td> </tr> </table>			TITLE	PSTD Braceras, Wilfred	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Braceras, Wilfred		STREET ADDRESS	760 Ponce De Leon Blvd.		CITY-ST-ZIP	Coral Gables, FL 33134	
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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: <b>Wilfred Braceras</b> <b>Wilfred Braceras, Pres &amp; CEO</b> <b>04/11/08</b> <b>(305)884-8650</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													