FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M12557** (8)

1. Corporation Name

COMPREHENSIVE HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
671 N.W. 119TH ST. MIAMI FL 33168	671 N.W. 119TH ST. MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1985**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2523291** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address — 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MOISE, RUDOLPH
671 N.W. 119TH STREET
NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ___

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~STORN, ANTHONY~~ J.
STREET ADDRESS	~~8603 S. DIXIE HIGHWAY~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	P
NAME	RUDOLPH, MOISE
STREET ADDRESS	671 N.W. 119TH ST.
CITY-ST-ZIP	N.MIAMI 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

		Change	Addition
1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐	☐
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐	☐
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐	☐
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐	☐
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐	☐
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/28/95 — President (305)751-5155

0183948 CP