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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 OCUMENT # M1 Corporation Name COMPREHENSIVE HEALTH	12557 (8)	OF CORPORATIONS			
ncipal Flace of Business 871 N.W. 119TH ST. AIAMI FL 33168	Mailing Address 671 N.W. 119TH ST. MIAMI FL 33168				
			3. Date Incorporated or Qualified 03/13/1985	3a. Date of La 05/01	
Principal Place of Business	2a. Mailing Address		4. FEI Number	<u> W/U </u>	Applied For
Suite, Apt. #, etc.	26		59-2523291		Not Applicable
	27		5. Certificate of Status Desired		.75 Additional
City & State	City & State		Election Campaign Financing		ee Required
Zip Country	28		Trust Fund Contribution		5.00 May Be dded to Fees
25	Ζφ [29]	Country 30	8. This corporation has fiability for	intangible tax unde	er s. 199.032,
9. Name and Address o	of Current Registered Agent		Florida Statutes Yes 10. Name and Address of New R	No No	
MOIOS DUBOLDU		81 Name		- Jones Agom	
MOISE, RUDOLPH 671 N.W. 119TH STREET		82 Street Add	lress (P.O. Box Number is Not Acceptab	ile)	
·		83			
NORTH MIAMI FL 33168					
		84 City		FL 85	Zip Code
Mature Mature	or, Section 607.0505, Florida Statutes	tes, the above-named corpo zed by the corporation's boa s.	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing i pintment as registe	its registered officered agent. I am
IATURE	or, Section 607,0505, Florida Statutes	to the above-named corporation's boats. S. 13. 1 1 Title	то в восного. Тногору ассеря не аррс	CATE CERS AND DIREC	CTORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR