FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12557

(8)

COMPREHENSIVE HEALTH CENTER, INC.

Timospan Field of Distances									
671 N.W. 1191 Miami Fl 3316		671 N.W. 119TH ST. Miami Fl 33168-2522							
						3. Date incorporated or Qualified 03/13/1985		e of Last R 5/1996	eport
2. Principal F	Place of Business	2a. Mailing Address			***************************************	4. FEI Number		AF	plied For
		26	_ <u> </u>			59-2523291			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	le	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added	to Fees
- Ζφ 1.1	Country Zip C 25 29 30 9. Name and Address of Current Registered Agent		ļ <u>-</u>	Country		8. This corporation has liability for i			. 1 9 9.032,
4]			[30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
NΛ		HOIR HOSISTEION ASOLI		81	Name	10. Name and Address of New Ne	listered W	Jone	
	ISE, RUDOLPH			•				-	
671 N.W. 119TH STREET				82	Street Address (P.O. Box Number is Not Acceptable)				
NOI	RTH MIAMI FL 33168			83					
				84	City	NOTICE STATE	FL	85 Zip (Code
SIGNATURE	Signarize, typed or perhad name of registered	d aport and the Tappicable (f	OTE Registered			ation's board of directors. I hereby acception is board of directors. I hereby acception in the control of the	DATE		······································
12.	OFFICERS	AND DIRECTORS DELETE	13.		1	ADDITIONS/CHANGES TO OFFIC			
T-TEE NAME	RUDOLPH, MOISE	□ Detert	1170		-		L	Change	Addition
STREET ADDRESS	671 N.W. 119TH ST.		12 N		ADDRESS				
Offy-SI-2iF	N.MIAMI FL		1.4 00		·				
Tell E		DELETE	21 Til		1-24			Change	Addition
NAME			22 NJ	ME				_ •	
STREET ADORESS			2.3 \$1	REET	ADDRESS	•			
CITY-ST-2IF			2 4 0	ITY - S	ST- ZI P				
Ti7t E		DELETE	31 111	LE			I	Change	Addition
NAMI			3 2 NA	ME					
STREET ADORESS			3.3 ST	REET	address				
C21 r - ST - ZIF			3 4. CI	TY-S	1- ZIP				
TiTL E		DELETE	4.1 10	ſL E			T	Change	Addition
NAME			4. 2 N						
SJEEET ADORESS			4.3 ST	REET	ADDRESS				
Citr - ST- ZIP		Decere	4.4 CI	_	T- 21P			- AL	
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NAME.			5 2 NA						,
STEEL FADORESS					ADDRESS				
(31 F - \$1 - 201 Trans		□ DELETE	5.4 CI		T-ZIP		т	Change	Addition
TOTLE			6.1 7(1				L	T ruguge	L. AQURIUN
NAME CONTRACTOR			6.2 NA		I Danena				
STRELT ADDRESS			6.3 ST	KEET	ADDRESS]				

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if I am an officer or director of the corporation of th

SIGNATURE:

appears in Block 12 or Block 13 if chang

SIGNATURE AND TYPIO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114.97

Daytime Phone #

FILED

May 28 1997 8:00am

Secretary of State