

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006259

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: COMMUNITY HEALTH INITIATIVES CENTER, INC.

**Current Principal Place of Business:**

39 SW BLACKBURN TERR  
#B-6  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2772  
STUART, FL 349952772

**New Mailing Address:**

FEI Number: 51-0433916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVILMAR, JEAN  
39 SW BLACKBURN TERRACE #B-6  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVILMAR, JEAN  
Address: 39 SW BLACKBURN TERR #B-6  
City-St-Zip: STUART, FL 34997

Title: VTD ( ) Delete  
Name: KERSAINT, ROSE C  
Address: 165 SW CYPRESS TRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD ( ) Delete  
Name: DORVILUS, LEMEL  
Address: 14576 KEYLIME BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D ( ) Delete  
Name: HONORE, LESLY  
Address: 905 UNIONDALE AVE  
City-St-Zip: UNIONDALE, NY 11553

Title: D ( ) Delete  
Name: VALLADORE, HORATIO  
Address: 4379 WALDEN CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete  
Name: SUSSER, GARY  
Address: 2755 S. FEDERAL HWY #13  
City-St-Zip: W. PALM BEACH, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVILMAR JEAN

PD

03/31/2004

Electronic Signature of Signing Officer or Director

Date