

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006259

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** COMMUNITY HEALTH INITIATIVES CENTER, INC.

**Current Principal Place of Business:**

100 LINDEN BLVD SUITE 1E  
BROOKLYN, NY 11226

**New Principal Place of Business:**

9857 BAYWINDS DR  
APT 9211  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

P.O. BOX 42877  
ATLANTA, GA 30311

**New Mailing Address:**

P.O. BOX 222875  
WEST PALM BEACH, FL 33411

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  
100 LINDEN BLVD SUITE #1E  
BROOKLYN NY, FL 11226 US

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

DAVILMAR, JEAN  
9857 BAYWINDS DR  
APT 9211  
WEST PALM BEACH, FL 33411 US

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: JEAN L DAVILMAR

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVILMAR, JEAN L MD  
Address: 100 LINDEN BLVD#1E  
City-St-Zip: BROOKLYN, NY 11226

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

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

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

Title: PD (X) Change ( ) Addition  
Name: DAVILMAR, JEAN L MD  
Address: 9857 BAYWINDS DR APT 9211  
City-St-Zip: WEST PALM BEACH, FL 33411

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 exemption stated 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 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: JEAN L DAVILMAR

CEO

04/30/2008

Electronic Signature of Signing Officer or Director

Date