2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000006259

Entity Name: COMMUNITY HEALTH INITIATIVES CENTER, INC.

Current Principal Place of Business:

9857 BAYWINDS DR
APT 9211
WEST PALM BEACH, FL 33411

New Principal Place of Business:

4595 CHERRY RD
WEST PALM BEACH, FL 33417

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 222875
WEST PALM BEACH, FL 33422

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

Name and Address of New Registered Agent:

DAVILMAR, JEAN
4595 CHERRY RD
WEST PALM BEACH, FL 33417 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 CEO 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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: 4595 CHERRY RD
City-St-Zip: WEST PALM BEACH, FL 33417

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 04/30/2009
Electronic Signature of Signing Officer or Director Date