2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# N02000006259

Entity Name: COMMUNITY HEALTH INITIATIVES CENTER, INC.

Current Principal Place of Business:

4595 CHERRY RD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

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

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
4595 CHERRY RD
WEST PALM BEACH, FL 33417 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
Name: DAVILMAR, JEAN L MD
Address: 4595 CHERRY RD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VTD
Name: HONORE, LESLY S MD
Address: 981 ROSEDALE ROAD
City-St-Zip: VALLEY STREAM, NY 11581

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

I hereby 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 all other like empowered.

SIGNATURE: JEAN L DAVILMAR CEO 04/06/2011

Electronic Signature of Signing Officer or Director Date