

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006915

FILED
Apr 27, 2004
Secretary of State**Entity Name:** COMPREHENSIVE BRAIN CENTER, INC.**Current Principal Place of Business:**767 S STATE RD 7
SUITE 18
MARGATE, FL 33068**New Principal Place of Business:****Current Mailing Address:**767 S STATE RD 7
SUITE 18
MARGATE, FL 33068**New Mailing Address:****FEI Number:** 56-2405553**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WACHS, JEFFREY S ESQ
1177 SE 3RD AVE
FT LAUDERDALE, FL 33316 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:** D () Delete
Name: WALCZAK, MICHAEL F
Address: 767 S STATE RD 7 SUITE 18
City-St-Zip: MARGATE, FL 33068**Title:** D () Delete
Name: BOWDEN, WILLIAM C
Address: 19 CAYUGA RD
City-St-Zip: SEA RANCH LAKES, FL 333082928**Title:** D () Delete
Name: MILLER, RICHARD N
Address: 7722 N SOUTHWOOD CIR
City-St-Zip: DAVIE, FL 33328**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:

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: MICHAEL F. WALCZAK

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date