

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 17, 2005
Secretary of State**

DOCUMENT# N04000009901

Entity Name: COMPREHENSIVE COMMUNITY HEALTH SERVICES, INC.

Current Principal Place of Business:

1550 N. FEDERAL HWY
#16
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

1550 N. FEDERAL HWY
#16
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 34-2040814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RENELIEN, JEAN L DR.
1550 N. FEDERAL HWY
#16
BOYNTON BEACH, FL 33435 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENELIEN, JEAN L MD
Address: 1550 N. FEDERAL HWY #16
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: JEAN L. RENELIEN

PRES

05/17/2005

Electronic Signature of Signing Officer or Director

Date