2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000007969

Entity Name: VJ COMPREHENSIVE HEALTH CENTER INC.

Current Principal Place of Business:

740 NW 125 ST NORTH
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

740 NW 125 ST NORTH
MIAMI, FL 33168

New Mailing Address:

259 OCALA DRIVE
NASHVILLE, TN 32211

FEI Number: 20-3504493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILIPPE, VERONIQUE J
740 NW 125 ST NORTH
MIAMI, FL 33168 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: ED ( ) Delete
Name: JEAN-PHILIPPE, VERONIQUE
Address: 1213 SATURN DRIVE
City-St-Zip: NASHVILLE, TN 37217

Title: DD ( ) Delete
Name: DAVIS, THERYL
Address: 8219 WHILE CHAPER CT.
City-St-Zip: BRENTWOOD, TN 370776721

Title: MD ( ) Delete
Name: NWACHUKU, UGO O
Address: 2201 MURPHY AVENUE, SUITE 204
City-St-Zip: NASHVILLE, TN 37203

Title: CFO ( ) Delete
Name: EKADI, GREEN A MS, PHD
Address: 1005 DR D.B. TODD JR. BLVD
City-St-Zip: NASHVILLE, TN 372083599

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:

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: VERONIQUE PHILIPPE ED 04/30/2007

Electronic Signature of Signing Officer or Director — Date