

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013439

DOCUMENT # P00000093343

1. Entity Name  
**COMPREHENSIVE HEALTHCARE CENTER, INC.**

**FILED**

02 JAN 24 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1443 SAN MARCO BLDG., 1ST. FL  
JACKSONVILLE FL 32207  
*Delete*

Mailing Address  
1443 SAN MARCO BLDG., 1ST. FL  
JACKSONVILLE FL 32207  
*Delete*

2. Principal Place of Business  
1022 WEST STATE RD. 436  
Suite, Apt. #, etc.  
1006

3. Mailing Address  
1022 WEST STATE RD. 436  
Suite, Apt. #, etc.  
1006

**REINSTATEMENT**

City & State  
ALTAMONTE SPRINGS, FL

City & State  
ALTAMONTE SPRINGS, FL

4. FEI Number  
59-3676524

Applied For  
Not Applicable

Zip  
32714  
Country  
U.S.A.

Zip  
32714  
Country  
U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NIEMH, MD, JEHAD G  
1443 SAN MARCO BLDG., 1ST. FL  
JACKSONVILLE FL 32207  
*Correction of Last Name*

7. Name and Address of New Registered Agent  
Name  
JEHAD GEORGE NIMEH, MD  
Street Address (P.O. Box Number is Not Acceptable)  
1022 WEST STATE RD. 436  
Suite 1006  
City  
ALTAMONTE SPRINGS FL  
Zip Code  
32714

8. 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 *JEHAD G. NIMEH, MD* DATE 01/07/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS  
TITLE  
OWNER  
NAME  
JEHAD G. NIMEH, MD  
STREET ADDRESS  
9727 Touchton Rd. Apt. 1014  
CITY-ST-ZIP  
JACKSONVILLE, FL 32246

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
PRESIDENT  
NAME  
JEHAD GEORGE NIMEH, MD.  
STREET ADDRESS  
1022 WEST STATE RD 436, #1006  
CITY-ST-ZIP  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004882843--5  
-02/06/02--01034--016  
\*\*\*\*900.00 \*\*\*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEHAD G. NIMEH, MD* (904) 234-3621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)