

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093343

FILED
Mar 22, 2005
Secretary of State

Entity Name: COMPREHENSIVE HEALTHCARE CENTER, INC.

Current Principal Place of Business:

3592 ALOMA AVE
STE 5
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3592 ALOMA AVE
STE 5
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3676524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NIMEH, JEHAD G M.D.
1022 WEST STATE ROAD 436
STE. 1006
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

NIMEH, JEHAD G M.D.
3593 ALOMA AVE
STE. 5
WINTER PARK, FL 32792 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: _____ 03/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIMEH, JEHAD G M.D.
Address: 1022 W. STATE ROAD 436, #1006
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEHAD G. NIMEH P 03/22/2005
Electronic Signature of Signing Officer or Director Date