## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000093343

Entity Name: COMPREHENSIVE HEALTHCARE CENTER, INC.

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3592 ALON STE 5 WINTER P	MA AVE PARK, FL 327	92			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3592 ALON STE 5 WINTER P	MA AVE PARK, FL 327	92			
FEI Number:	59-3676524	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NIMEH, JEHAD G M.D. 1022 WEST STATE ROAD 436 STE. 1006 ALTAMONTE SPRINGS, FL 32714 US			3593 AĹOMA AVE STE. 5		
	named entity of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/22/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NIMEH, JEHAI 1022 W. STAT	) Delete D G M.D. E ROAD 436, #1006 SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	()Change ()Addition	

City-5t-Zip. ALTAMONTE SPRINGS, PL 32/14

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