

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093343

FILED
Jan 26, 2009
Secretary of State

Entity Name: COMPREHENSIVE HEALTHCARE CENTER, INC.

Current Principal Place of Business:

3592 ALOMA AVE.
STE 5
WINTER PARK, FL 32792

Current Mailing Address:

3592 ALOMA AVE.
STE 5
WINTER PARK, FL 32792

New Principal Place of Business:

505 MAITLAND AVENUE
STE 1050
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

P. O. BOX 610
GOLDENROD, FL 32733 US

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.
3593 ALOMA AVE.
STE. 5
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

NIMEH, JEHAD G M.D.
8797 ATWATER LOOP
OVIEDO, FL 32765 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: JEHAD NIMEH

01/26/2009

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: 3592 ALOMA AVE., SUITE 5
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NIMEH, JEHAD G M.D.
Address: 8797 ATWATER LOOP
City-St-Zip: OVIEDO, FL 32765 US

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

SIGNATURE: JEHAD NIMEH

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date