2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P01000017158

Entity Name: COMPLETE HEALTH NETWORK INC.

Current Principal Place of Business:

7911 NW 72 AVE.
STE. 116 A
MEDLEY, FL 33166

New Principal Place of Business:

Current Mailing Address:

7911 NW 72 AVE.
STE. 116 A
MEDLEY, FL 33166

New Mailing Address:

FEI Number: 65-1137901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTI, LUIS J
6415 WEST 18TH AVENUE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BUSUTIL, LILIANA V
7911 NW 72 AVE.
116A
MEDLEY, FL 33166 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: LILIANA V. BUSUTIL 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: MARTI, LUIS J
Address: 6415 WEST 18TH AVENUE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: BUSUTIL, LILIANA V
Address: 7911 NW 72 AVE.
City-St-Zip: MEDLEY, FL 33166

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: LILIANA V. BUSUTIL PRES 04/22/2008
Electronic Signature of Signing Officer or Director Date