

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90079 041 ***150.00

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05 JUL -8 PM 3:45

SLC STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127551

1. Entity Name
COMPREHENSIVE HEALTH IMPROVEMENT PROGRAM,
INC



Principal Place of Business
5178 WINDSOR PARKE DR.
THE POLO CLUB
BOCA RATON, FL 33496 US

Mailing Address
5178 WINDSOR PARKE DR.
THE POLO CLUB
BOCA RATON, FL 33496 US

2. Principal Place of Business
11559 Buckhaven Lane
Suite, Apt. #, etc.

3. Mailing Address
11559 Buckhaven Lane
Suite, Apt. #, etc.

City & State
West Palm Beach, FL
Zip 33412 Country U.S.A

City & State
West Palm Beach, FL
Zip 33412 Country U.S.A

4. FEI Number
54-2100032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, MILDRED S.M.D.
5178 WINDSOR PARKE DR.
THE POLO CLUB
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name
Anderson, Mildred S. M.D.
Street Address (P.O. Box Number is Not Acceptable)
11559 Buckhaven Lane
City West Palm Beach FL Zip Code 33412

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mildred S. Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/20/05
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	ANDERSON, MILDRED S.M.D.	
STREET ADDRESS	5178 WINDSOR PARKE DR.	
CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANDERSON, ARTHUR W.P.H.D	
STREET ADDRESS	5178 WINDSOR PARKE DR.	
CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mildred S. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/05

Daytime Phone #