

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127551

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HEALTH IMPROVEMENT PROGRAM, INC

**Current Principal Place of Business:**

11559 BUCKHAVEN LANE  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

11559 BUCKHAVEN LANE  
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

**FEI Number:** 54-2100032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, MILDRED S M.D.  
11559 BUCKHAVEN LANE  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PT ( ) Delete  
**Name:** ANDERSON, MILDRED S M.D.  
**Address:** 5178 WINDSOR PARKE DR.  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** VS ( ) Delete  
**Name:** ANDERSON, ARTHUR W PH.D  
**Address:** 5178 WINDSOR PARKE DR.  
**City-St-Zip:** BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PT (X) Change ( ) Addition  
**Name:** ANDERSON, MILDRED S M.D.  
**Address:** 11559 BUCKHAVEN LANE  
**City-St-Zip:** WEST PALM BEACH, FL 33412 US

**Title:** VS (X) Change ( ) Addition  
**Name:** ANDERSON, ARTHUR W PH.D  
**Address:** 11559 BUCKHAVEN LANE  
**City-St-Zip:** WEST PALM BEACH, FL 33412 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** MILDRED S. ANDERSON

PT

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date