

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127551

FILED
Apr 27, 2011
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 33412 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

OFFICERS AND DIRECTORS:

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

Title: VS
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 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 all other like empowered.

SIGNATURE: MILDRED ANDERSON

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date