

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0092160
AV

DOCUMENT # P02000127551
1. Entity Name
COMPREHENSIVE HEALTH IMPROVEMENT PROGRAM, INC



FILED

03 NOV 26 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ANDERSON, MILDRED S M.D.
5178 WINDSOR PARKE DR.
BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400025046334
11/25/03--01059--006 **758.75

☐ Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ANDERSON, ARTHUR W PH.D
5178 WINDSOR PARKE DR.
BOCA RATON FL 33496

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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 MD 11/18/03 561-999-9219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)