

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078432

FILED
Jan 21, 2008
Secretary of State

Entity Name: COMPREHENSIVE HEALTH CLINIC OF JUNO BEACH, INC.

Current Principal Place of Business:

14147 U.S. HWY 1
JUNO BEACH, FL 334081427 US

New Principal Place of Business:

Current Mailing Address:

14147 U.S. HWY 1
JUNO BEACH, FL 334081427 US

New Mailing Address:

FEI Number: 26-0492975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, SAMANTHA A
14147 U.S. HWY 1
JUNO BEACH, FL 33408 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: P () Delete
Name: BURKE, SAMANTHA A
Address: 106 VILLA NUEVA PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMANTHA A. BURKE

PRES

01/21/2008

Electronic Signature of Signing Officer or Director

Date