

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114730

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: COMPLETE HEALTH SERVICE, CORP

**Current Principal Place of Business:**

540 NW 82 PLACE  
324  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 NW 82 PLACE  
324  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 26-1264980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TAXPLUS & ACCOUNTING INC  
4445 W 16 AVE  
302  
HIALEAH, FL 33012 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  
Name: PENA, JOSE  
Address: 540 NW 82 PLACE NO. 324  
City-St-Zip: MIAMI, FL 33126 US

Title: VP  
Name: MON, MILAGROS  
Address: 540 NW 82 PLACE NO. 524  
City-St-Zip: MIAMI, FL 33126

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: JOSE PENA

P

04/12/2010

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

\_\_\_\_\_  
Date