

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000017517

FILED
Oct 10, 2011
Secretary of State

Entity Name: COMPREHENSIVE HOLISTIC REHAB CLINIC, INC.

Current Principal Place of Business:

3898 W. COMMERCIAL BOULEVARD
TAMARAC, FL 33309

New Principal Place of Business:

Current Mailing Address:

3898 W. COMMERCIAL BOULEVARD
TAMARAC, FL 33309

New Mailing Address:

FEI Number: 27-2001488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRIER, RAMOUZE
11550 NW 56 DROURT
CORAL SPRINGS, FL 33076 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: D
Name: BONENFANT, BEATRICE
Address: 3898 W. COMMERCIAL BOULEVARD
City-St-Zip: TAMARAC, FL 33309

Title: VP
Name: EUGNE, JEAN ROBERT
Address: 6822 NW 27 CT
City-St-Zip: TAMARAC, FL 33309

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: BEATRICE BONENFANT

D

10/10/2011

Electronic Signature of Signing Officer or Director

Date