

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000017517

**FILED**  
**Feb 17, 2012**  
**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: OBTENU, 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

D

02/17/2012

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

\_\_\_\_\_ Date