FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:53

DOCUMENT # P94000069525 (1)

1. Corporation Name

COMPREHENSIVE HEALTH ENTERPRISE, INC.

Principal Place of Business: ~~2350 NORTHWEST 132 STREET MIAMI FL 33167~~
3210 S University Drive
Miramar, Fla 32025

Mailing Address: ~~2350 NORTHWEST 132 STREET MIAMI FL 33167~~
3210 S University Drive
Miramar, Fla 32025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business: 3210 S University Drive
Suite, Apt #, etc:
City & State: Miramar Fla
Zip: 32025 Country: USA

2a. Mailing Address: 3210 S University Drive
Suite, Apt #, etc:
City & State: Miramar, Fla
Zip: 32025 Country: USA

4. FEI Number: 65-0521037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~
Roderick Vereen
4770 Biscayne Blvd Suite 1130
Miami, 33137

10. Name and Address of New Registered Agent

Name: Roderick Vereen
Street Address (P.O. Box Number is Not Acceptable): 4770 Biscayne Blvd
Suite 1130
City: Miami FL Zip Code: 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roderick D. Vereen, Esq. RODERICK D. VEREEN, ESQ. 5/31/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~JOHNSON, RALPH E~~
STREET ADDRESS	~~2350 NORTHWEST 132 STREET~~
CITY-ST-ZIP	~~MIAMI FL 33167~~
TITLE	President/Sec
NAME	Rose Hodge
STREET ADDRESS	3210 S University Drive
CITY-ST-ZIP	Miami, Fla 33167
TITLE	Vice President
NAME	Florence Vereen
STREET ADDRESS	3961 N.W. 191 St
CITY-ST-ZIP	Carol City, Fla 33055
TITLE	Tresurer
NAME	Diane Burroughs
STREET ADDRESS	4921 N.W. 181 Terr
CITY-ST-ZIP	Miami, Fla 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Burroughs Diane Burroughs Tres 5/31/95 305 453-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP