FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 6-13-96 P95000042714 (2)

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

DOCUMENT # **P95000042714 (2)**

1. Corporation Name

COMPLETE HEALTH MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
4131 S.W. 85TH AVENUE MIAMI FL 33155	4131 S.W. 85TH AVENUE MIAMI FL 33155

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report:
4. FEI Number: 65-0592871 (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

2. Principal Place of Business	2a. Mailing Address
21 9773 N.W. 46 Terrace	26 9773 N.W. 46 Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, Florida	28 Miami, Florida
24 Zip: 33178 — 25 Country: Dade	29 Zip: 33178 — 30 Country: Dade

9. Name and Address of Current Registered Agent

LOPEZ, LINETTE
~~4131 S.W. 85TH AVENUE~~ 9773 N.W. 46 Terrace
~~MIAMI FL 33155~~ Miami, Florida. 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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: _____ (Signature of new registered agent, if changing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	President	☐ DELETE
NAME	Henri A. Portugues	
STREET ADDRESS	9773 N.W. 46 Terrace	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	Vice-President	☐ DELETE
NAME	Linette Lopez	
STREET ADDRESS	9773 N.W. 45 Terrace	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		

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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)(i), 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: Linette Portugues V.P. 6/3/96 (305)225-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #