

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087994

FILED
Apr 13, 2004
Secretary of State

Entity Name: COMPLETE HEALTH MEDICAL CENTER, INC.

Current Principal Place of Business:

1928-30 DEL PRADO BLVD
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

2323 DEL PRADO BLVD S.
PMB 165
CAPE CORAL, FL 339904611 US

New Mailing Address:

FEI Number: 65-0764552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAFT, JOAN DC
1930 DEL PRADO BLVD S
CAPE CORAL, FL 339904611 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: D () Delete
Name: CRAFT, JOAN
Address: 1930 DEL PRADO BLVD S
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOAN CRAFT

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date