

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000087994**

1. Entity Name

**COMPLETE HEALTH MEDICAL CENTER INC**



Principal Place of Business

**2323 DEL PRADO BLVD  
PMB 165  
CAPE CORAL, FL 33990 US**

Mailing Address

**2323 DEL PRADO BLVD S.  
PMB 165  
CAPE CORAL, FL 33990-4611 US**



02162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0764552** Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

**CRAFT, JOAN DC  
2323 DEL PRADO AVE  
PMB 165  
CAPE CORAL, FL 33990-4611**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CRAFT, JOAN  
2323 DEL PRADO BLVD  
CAPE CORAL, FL 33990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/25/06-80003-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Date

Deputy Phone

4-06-2006 239-  
994-2732