2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087994

Entity Name: COMPLETE HEALTH MEDICAL CENTER INC

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2323 DEL PRADO BLVD 1930 DEL PRADO BLVD S. PMB 165 CAPE CORAL, FL 33990

CAPE CORAL, FL 33990 US

Current Mailing Address: New Mailing Address:

2323 DEL PRADO BLVD S. PMB 165

CAPE CORAL, FL 339904611 US

FEI Number: 65-0764552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAFT, JOAN DC
2323 DEL PRADO AVE
2323 DEL PRADO BLVD S
PMB 165

CRAFT, JOAN DC
2323 DEL PRADO BLVD S
PMB 165

PMB 165 CAPE CORAL, FL 339904611 US CAPE CORAL, FL 339904611 US

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: JOAN CRAFT 03/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: D () Delete Title: DR (X) Change () Addition

Name: CRAFT, JOAN Name: CRAFT, JOAN

 Address:
 2323 DEL PRADO BLVD
 Address:
 2323 DEL PRADO BLVD S.

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 DR 03/02/2007