2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P96000087994

Entity Name: COMPLETE HEALTH MEDICAL CENTER INC

Current Principal Place of Business:

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

New Principal Place of Business:

1930 DEL PRADO BLVD S.
CAPE CORAL, FL 33990 US

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
2323 DEL PRADO AVE
PMB 165
CAPE CORAL, FL 339904611 US

Name and Address of New Registered Agent:

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

Title: D ( ) Delete
Name: CRAFT, JOAN
Address: 2323 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: CRAFT, JOAN
Address: 2323 DEL PRADO BLVD S.
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
Electronic Signature of Signing Officer or Director Date