

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 011 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000087994

1. Entity Name
COMPLETE HEALTH MEDICAL CENTER, INC.

80070290

Principal Place of Business
1930 DEL PRADO BLVD
CAPE CORAL, FL 33990 USMailing Address
2323 DEL PRADO BLVD S
STE 7
CAPE CORAL, FL 33990 US2. Principal Place of Business
1930-30 Del Prado Blvd
BUI, Act. #, etc.3. Mailing Address
2323 Del Prado Blvd S
PMB 1165
BUI, Act. #, etc.☐ CHECK HERE IF MAKING CHANGESCity & State
CAPE CORAL, FL
Zip
33990
Country
USACity & State
CAPE CORAL, FL
Zip
33990-4611
Country
USA4. FEI Number
85-07645525. Certificate of Status Desired
☐ \$8.75 Add'l Fee Required

6. Name and Address of Current Registered Agent

CRAFT, JOAN DC
1930 DEL PRADO BLVD S
CAPE CORAL, FL 33990-4611Name
N/A

Street Address (P.O. Box Number is Not Accepted)

City

FL

Zip Code

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

03-28-2003

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee Will Be \$250.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	CRAFT, JOAN	1930 DEL PRADO BLVD S	CAPE CORAL, FL 33990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-2003 239-574-3533

CITIZEN (1002)

Attachment # 80076240
Law Offices
of
Hamden H. Baskin, III, P.A.
PA6000087994.

516 No. Ft. Harrison Avenue
Clearwater, Florida 33755

Telephone: 727/447-2994
Fax: 727/446-0049

April 1, 2003

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Nelson Jones Farms and Training Center, Inc.
Annual Report/Document

Dear Sir:

I enclose herewith the Profit Corporation Annual Report 2003 for Nelson Jones Farms and Training Center, Inc. Also enclosed is our client's check in the amount of \$158.75 representing the filing fee of \$150.00 and \$8.75 for Certificate of Status.

Kindly process same and return to my office and the envelope provided for your convenience.

If you should have any questions please feel free to contact our office and with the kindest of personal regards, I remain

Sincerely yours,



Hamden H. Baskin, III
Attorney at Law

HHBIII:dlw

Enclosures: as stated

cc: Nelson Jones