

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000020857

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: COMPLETE HEALTH SYSTEMS, INC.

Current Principal Place of Business:

227 TAYLOR STREET
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

201 WEST MARION AVE
104
PUNTA GORDA, FL 33950 US

Current Mailing Address:

227 TAYLOR ST
PUNTA GORDA, FL 33950 US

New Mailing Address:

201 WEST MARION AVE
104
PUNTA GORDA, FL 33950 US

FEI Number: 65-0797305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLADARES, BLANCA
227 TAYLOR STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

VALLADARES, JEANNETTE
201 WEST MARION AVE
104
PUNTA GORDA, FL 33950 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: JEANNETTE VALLADARES

04/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: VALLADARES, BLANCA
Address: 227 TAYLOR ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPT (X) Delete
Name: VALLADARES, IVETTE
Address: 227 TAYLOR ST
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: VALLADARES, JEANNETTE
Address: 201 WEST MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

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: JEANNETTE VALLADARES

PS

04/23/2002

Electronic Signature of Signing Officer or Director

Date