

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Nordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029534 (9)

1. Corporation Name
COMPREHENSIVE MEDICAL NEEDS, INC.

Principal Place of Business

600 N.E. 36TH STREET
APT 1007
MIAMI FL 33137

Mailing Address

600 N.E. 36TH STREET
APT 1007
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3601 NE Federal Hwy		26 3601 NE Federal Hwy #125		04/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 125		27 125		65-0749351	
City & State		City & State		Applied For	
23 Miami FL		28 FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33137		29 33137		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25 USA		30 USA		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

COUVERTIER, IRLISSE
600 N.E. 36TH STREET
APT 1007
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name	COUVERTIER MARI
82 Street Address (P.O. Box Number is Not Acceptable)	11 ISLAND AVE #2008
83	
84 City	Miami Beach
85 Zip Code	33139

11. Pursuant to the provisions of Sections 607.02 and 607.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Mari Couvertier

(NOTE: Registered Agent signature required when reinstating)

2-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	PTD	1.1 TITLE	PRESIDENT
NAME	COUVERTIER, IRLISSE	1.2 NAME	COUVERTIER MARI
STREET ADDRESS	600 N.E. 36TH STREET	1.3 STREET ADDRESS	11 ISLAND AVE #2008
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VD	2.1 TITLE	
NAME	COUVERTIER, MARI	2.2 NAME	
STREET ADDRESS	11 ISLAND AVE. APT 2008	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BERTRAN, LUIS	3.2 NAME	
STREET ADDRESS	1680 N.W. 15TH ST RD. APT 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE:

Mari Couvertier

2-6-98

(305) 5753314

CR2E034 (10/97)