

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90001 046 \*\*\*150.00

**DOCUMENT # P97000063410**

1. Entity Name  
**COMPREHENSIVE HEALTH CARE SYSTEMS OF THE  
PALM BEACHES, INC.**



Principal Place of Business  
**4676 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417**

Mailing Address  
**4676 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417**

**40098755**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0775277**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD SUITE 485 SOUTH  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DC
NAME	JEROME, ALBERT D.C. <i>vice Pres.</i>
STREET ADDRESS	4676 OKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	DC
NAME	<del>BLUMMERFIELD</del> , FRED <i>BLUMENFELD Fred pres.</i>
STREET ADDRESS	4676 OKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Fred C. Blumenfeld* **FRED C. BLUMENFELD** *X 7/6/06* *X 561-684-0710*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #