

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0775277**

Applied For
Not Applicable

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

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

Signature, typed or printed name of officer or director, or both, of the corporation

Signature, typed or printed name of Registered Agent (must be present when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DCVP
JEROME, ALBERT D.C.
4676 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U60000305746
02/06/08-30013-025 150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DCP
BLUMENFELD, FRED
4676 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417**

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

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #