2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# P97000063410

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

Current Principal Place of Business:

4676 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4676 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0775277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DCVP
Name: JEROME, ALBERT D.C.
Address: 4676 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DCP
Name: BLUMENFELD, FRED
Address: 4676 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: ALBERT JEROME DCVP 02/15/2011

Electronic Signature of Signing Officer or Director Date