

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

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000066874 (3)
1. Corporation Name
COMPREHENSIVE HEALTH PROFESSIONAL REHAB. CORP.



Principal Place of Business
10021 PINES BLVD., C-207
PEMBROKE PINES FL 33024

Mailing Address
10021 PINES BLVD., C-207
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5723 W Sunrise Blvd.		26 5723 W Sunrise Blvd.		07/31/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0771756	
City & State		City & State		5. Certificate of Status Desired	
23 Sunrise FL		28 Sunrise FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33313		29 33313		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KELLEY, CHRISTOPHER P 11098 BISCAYNE BLVD., SUITE # 205 MIAMI FL 33181		81 Name Anthony Mignott	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 8366 NW 42nd St	
		84 City Coral Springs	
		FL	
		85 Zip Code 33065	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Anthony Mignott DATE 07/01/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE, DOMINIQUE	1.2 NAME	
STREET ADDRESS	10021 PINES BLVD., C-207	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Mignott	2.2 NAME	
STREET ADDRESS	8366 NW 42nd St	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33065	2.4 CITY-ST-ZIP	
TITLE	Debra Bland	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman	3.2 NAME	
STREET ADDRESS	8720 NW 73 Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderhill FL 33319	3.4 CITY-ST-ZIP	
TITLE	Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elhot Hovshy	4.2 NAME	
STREET ADDRESS	4611 NW 5th Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs 33067	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address.

SIGNATURE Anthony Mignott DATE 07/01/98

CR2E034 (10/97)