

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5723 W Sunrise Blvd. Suite, Apt. #, etc. 22		2a. Mailing Address 26 5723 W Sunrise Blvd. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/31/1997	
23 Sunrise FL City & State Zip 24 33313		28 Sunrise FL City & State Zip 29 33313		4. FEI Number 65-0771756 Applied For Not Applicable	
25 USA Country		30 USA Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent
KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD., SUITE # 205
MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name **Anthony Mignott**
82 Street Address (P.O. Box Number is Not Acceptable)
8366 NW 42nd St
83
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 the 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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CAVE, DOMINIQUE
STREET ADDRESS	10021 PINES BLVD., C-207
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	President <input type="checkbox"/> DELETE
NAME	Anthony Mignott
STREET ADDRESS	8366 NW 42nd St
CITY-ST-ZIP	Coral Springs FL 33065
TITLE	Chairman <input type="checkbox"/> DELETE
NAME	Debra Bland
STREET ADDRESS	8720 NW 73 Ave
CITY-ST-ZIP	Landerhill FL 33317
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Elliot Hovshy
STREET ADDRESS	4611 NW 5th Lane
CITY-ST-ZIP	Coral Springs 33067
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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** **07/01/98**

CR2E034 (10/97)