

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000097553

**FILED**  
**Oct 09, 2008**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE WELLNESS SERVICES, INC.

**Current Principal Place of Business:**

6450 NW 5TH WAY  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

6450 NW 5TH WAY  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0801820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAGG, GARRETT W  
740 S. FEDERAL HWY  
#401  
POMPANO BEACH, FL 33062 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: P ( ) Delete  
Name: BRAGG, GARRETT  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRAGG, GARRETT  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: VPD ( ) Change (X) Addition  
Name: ALT, LES  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: SD ( ) Change (X) Addition  
Name: BRAGG, DENISE  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: TD ( ) Change (X) Addition  
Name: MENKHAUS, DAVID J  
Address: 1900 GLADES ROAD SUITE 401  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** GARRETT BRAGG

PD

10/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date