

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000033908

1. Corporation Name

COMPLEMENTARY HEALTHCARE, INC.

Principal Place of Business

670 N. COURTENAY PARKWAY  
MERRITT ISLAND FL 32951

Mailing Address

670 N. COURTENAY PARKWAY  
MERRITT ISLAND FL 32951

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90031 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

59-3510229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2425 N. Courtenay Pkwy.

Suite, Apt. #, etc.

22 Suite 15

City & State

23 Merritt Island, Florida

Zip

Country

24 32953 25 U.S.A.

2a. Mailing Address

26 2425 N. Courtenay Pkwy.

Suite, Apt. #, etc.

27 Suite 15

City & State

28 Merritt Island, Florida

Zip

Country

29 32953 30 U.S.A.

9. Name and Address of Current Registered Agent

DIBONAVENTURA, MARCO  
670 N. COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

DiBonaventura, Marco

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

2425 N. Courtenay Pkwy.

83

Suite 15

84 City

Merritt Island

FL

85 Zip Code

32953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DIBONAVENTURA, MARCO  
STREET ADDRESS 770 HANNAH DR.  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ DELETE  
NAME DEBENGSON, CATHY  
STREET ADDRESS 815 HANNAH DR.  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

407-459-5020

Daytime Phone #

CR2E034 (11/98)