

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000017517

Entity Name: COMPREHENSIVE HOLISTIC REHAB CLINIC, INC.

Current Principal Place of Business:

3898 W. COMMERCIAL BOULEVARD
TAMARAC, FL 33309

Current Mailing Address:

3898 W. COMMERCIAL BOULEVARD
TAMARAC, FL 33309

FEI Number: 27-2001488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUERRIER, RAMOUZE
11550 NW 56 DROURT
CORAL SPRINGS, FL 33076 US

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

Officer/Director Detail :

Title	D	Title	VP
Name	OBTENU, BEATRICE	Name	EUGNE, JEAN ROBERT
Address	3898 W. COMMERCIAL BOULEVARD	Address	6822 NW 27 CT
City-State-Zip:	TAMARAC FL 33309	City-State-Zip:	TAMARAC FL 33309

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: BEATRICE OBTENU

DIRECTOR

03/06/2013

Electronic Signature of Signing Officer/Director Detail

Date