

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017517

**Entity Name:** COMPREHENSIVE HOLISTIC REHAB CLINIC, INC.

**Current Principal Place of Business:**

2040 COLLIER AVE #A  
FORT MYERS, FL 33901

**Current Mailing Address:**

505 WEST BOUGAINVILLEA  
LEHIGH ACRES, FL 33936 US

**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  
Name            OBTENU, BEATRICE  
Address        P.O BOX 2177  
City-State-Zip: FORT MYERS FL 33902

Title            VP  
Name            EUGNE, JEAN ROBERT  
Address        P.O BOX 2177  
City-State-Zip: FORT MYERS FL 33902

*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**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date