

2015 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

D

03/22/2015

Electronic Signature of Signing Officer/Director Detail

Date