

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90242 027 ***150.00

DOCUMENT # P00000048677

1. Entity Name

COMPREHENSIVE HEALTHCARE, P.A.



Principal Place of Business

**720 W. OAK ST
STE 303
KISSIMMEE FL 34741**

Mailing Address

**720 W. OAK ST
STE 303
KISSIMMEE FL 34741**

20007973



2. Principal Place of Business

Mailing Address

Comprehensive Health Care, P.A.

Riaz Rahman, M.D.

720 West Oak Street • Suite 309

Kissimmee, FL 34741

(407) 518-7277 • Fax: (407) 518-7280

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3645524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAHMAN, RIAZ
1810 THE OAKS BLVD
KISSIMMEE FL 34746**

*1503 Gants Circle
KISSIMMEE FL 34744*

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution: ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHMAN, RIAZ 1810 THE OAKS BLVD KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1503 Gants Circle KISSIMMEE FL 34744</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-07

Date

Daytime Phone #