

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080998

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE OSTEOPATHIC MEDICAL SPECIALISTS, P.A.

**Current Principal Place of Business:**

21110 BISCAYNE BLVD  
203  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

21110 BISCAYNE BLVD 203  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 65-0699518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMENTHAL, BARRY  
21110 BISCAYNE BLVD 203  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLUMENTHAL, BARRY M  
Address: 21110 BISCAYNE BLVD 203  
City-St-Zip: MIAMI, FL 33180

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: BARRY M BLUMENTHAL

PD

03/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date