

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048677

Entity Name: COMPREHENSIVE HEALTHCARE, P.A.

Current Principal Place of Business:

646 HILLS BOULEVARD
PORT ORANGE, FL 32127

Current Mailing Address:

646 HILLS BLVD
PORT ORANGE, FL 32127 US

FEI Number: 59-3645524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAHMAN, RIAZ
646 HILLS BLVD.
PORT ORANGE, FL 32127 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: RIAZ RAHMAN

02/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MANAGER
Name RAHMAN, RIAZ
Address 646 HILLS BLVD
City-State-Zip: PORT ORANGE FL 32127

Title MGR
Name RIAZ, NAGINA
Address 6658 MERRYVALE LANE
City-State-Zip: PORT ORANGE FL 32128

Title MGR
Name RAHMAN, ALEENA
Address 6658 MERRYVALE LANE
City-State-Zip: PORT ORANGE FL 32128

Title MGR
Name RIAZ, BURHAN
Address 6658 MERRYVALE LANE
City-State-Zip: PORT ORANGE FL 32128

Title MS
Name RAHMAN, IQRA
Address 6658 MERRYVALE LA
City-State-Zip: PORT ORANGE FL 32128

Title MS
Name RAHMAN, ZAHRA
Address 6658 MERRYVALE LA
City-State-Zip: PORT ORANGE FL 32128

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: RIAZ RAHMAN

MD

02/28/2022

Electronic Signature of Signing Officer/Director Detail

Date