

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000076899

**FILED**  
**Apr 07, 2019**  
**Secretary of State**  
**2316351077CC**

**Entity Name:** DADE COMPREHENSIVE SUPPORT, INC.

**Current Principal Place of Business:**

6547 SW 116 PL  
UNIT F  
MIAMI, FL 33173

**Current Mailing Address:**

6547 F SW 116 PLACE  
MIAMI, FL 33173

**FEI Number: 65-1033365**

**Certificate of Status Desired: No**

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

MONTPELLIER, OLGIM  
6547-F SW 116 PLACE  
MIAMI, FL 33173 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	PT	Title	SECRETARY
Name	MONTPELLIER, OLGIM	Name	NUNEZ, DECEMBER C
Address	6547-F S.W. 116 PLACE	Address	6547-F S.W. 116 PLACE
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173
Title	VP		
Name	PEREZ, RAFAEL JR.		
Address	6547 SW 116 PL UNIT F		
City-State-Zip:	MIAMI FL 33173		

*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: OLGIM MONTPELLIER**

**PRESIDENT**

**04/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date