**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 09, 2017**
**Secretary of State**
**CC3518170802**

DOCUMENT# P03000021590

**Entity Name:** COMPREHENSIVE AUTISM PARTNERSHIP, INC.

**Current Principal Place of Business:**

1219 SKYLARK DRIVE
WESTON, FL 33327

**Current Mailing Address:**

1219 SKYLARK DRIVE
WESTON, FL 33327

**FEI Number: 04-3743275**

**Certificate of Status Desired:** No

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

WESTON TITLE & ESCROW, INC.
2500 WESTON ROAD, SUITE 404
WESTON, FL 33331 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 | DIRECTOR | Title | DIRECTOR |
| Name | SAUCEDA, JULIE | Name | HAMAN, TONI |
| Address | 1219 SKYLARK DRIVE | Address | 1219 SKYLARK DRIVE |
| City-State-Zip: | WESTON FL 33327 | City-State-Zip: | WESTON FL 33327 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FOXLEY, SUMMER |
| Address | 1219 SKYLARK DRIVE |
| City-State-Zip: | WESTON FL 33327 |

*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: JULIE SAUCEDA DIRECTOR 03/09/2017

Electronic Signature of Signing Officer/Director Detail — Date