

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000092350

Entity Name: COMPREHENSIVE CARING INC

Current Principal Place of Business:

1340 SW SQUIRE JOHNS LN
PALM CITY, FL 34990

Current Mailing Address:

1340 SW SQUIRE JOHNS LN
PALM CITY, FL 34990 US

FEI Number: 46-1330083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIARDINO, JOHN W
1340 SW SQUIRE JOHNS LN
PALM CITY, FL 34990 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 PRES
Name GIARDINO, LEEANN R
Address 1340 SW SQUIRE JOHNS LN
City-State-Zip: PALM CITY FL 34990

Title VP
Name GIARDINO, JOHN W
Address 1340 SW SQUIRE JOHNS LN
City-State-Zip: PALM CITY FL 34990

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: JOHN GIARDINO

VP

04/04/2015

Electronic Signature of Signing Officer/Director Detail

Date