

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085411

**Entity Name:** COMPREHENSIVE HEALTHCARE ALLIANCE, LLC

**Current Principal Place of Business:**

282 NW 241ST STREET  
NEWBERRY, FL 32669

**Current Mailing Address:**

282 NW 241ST STREET  
NEWBERRY, FL 32669 US

**FEI Number:** 45-5573903

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	BARNES, ERIKA	Name	FITTERMAN, JENNIFER
Address	282 NW 241ST STREET	Address	282 NW 241ST STREET
City-State-Zip:	NEWBERRY FL 32669	City-State-Zip:	NEWBERRY FL 32669

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER FITTERMAN

**MANAGER**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date