

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000954

**Entity Name:** COMPREHENSIVE HEALTH CENTER, LLC

**Current Principal Place of Business:**

671 N.W. 119TH STREET  
NORTH MIAMI, FL 33168

**Current Mailing Address:**

671 N.W. 119TH STREET  
NORTH MIAMI, FL 33168 US

**FEI Number:** 59-2523291

**Certificate of Status Desired:** No

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

MOISE, GUY RUDOLPH  
655 NW 119TH STREET  
NORTH MIAMI, FL 33168 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:** GUY RUDOLPH MOISE

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MOISE, GUY RUDOLPH  
Address 671 N.W. 119TH STREET  
City-State-Zip: NORTH MIAMI FL 33168

*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:** GUY RUDOLPH MOISE

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date