2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2014
Secretary of State
CC8688609334

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Entity Name: COMPREHENSIVE HEALTH CENTER, LLC

Current Principal Place of Business:

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

Current Mailing Address:

8788 SW 88TH ST
MIAMI, FL 33174 US

FEI Number: 59-2523291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPANY MANAGEMENT SERVICES, LLC
8788 SW 88TH ST
MIAMI, FL 33174 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	MGR
Name	MOISE, GUY R
Address	671 NW 119TH ST
City-State-Zip:	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 04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date