

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000954

**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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUY RUDOLPH MOISE

**MANAGER**

**03/21/2013**

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

\_\_\_\_\_  
Date