## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001778

Entity Name: COMPREHENSIVE HEALTH SERVICES, INC.

#### **Current Principal Place of Business:**

8810 ASTRONAUT BOULEVARD CAPE CANAVERA, FL 32920

#### **Current Mailing Address:**

8810 ASTRONAUT BOULEVARD CAPE CANAVERA, FL 32920 US

## FEI Number: 52-1044628

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

DIRECTOR	Title	TREASURER
HALL, MORRILL M. JR.	Name	VAN DUSEN, JIM
8810 ASTRONAUT BLVD	Address	8810 ASTRONAUT BLVD
CAPE CANAVERA FL 32920	City-State-Zip:	CAPE CANAVERA FL 32920
SECRETARY	Title	DIRECTOR
HALL, TODD S.	Name	HALL, MEL
8810 ASTRONAUT BOULEVARD	Address	8810 ASTRONAUT BOULEVARD
0010 ASTRUNAUT BUULEVARD		
CAPE CANAVERA FL 32920	City-State-Zip:	CAPE CANAVERA FL 32920
CAPE CANAVERA FL 32920 DIRECTOR	Title	DIRECTOR
CAPE CANAVERA FL 32920 DIRECTOR MONCRIEF, JAMES	Title Name	DIRECTOR PALMER, GARY G.
CAPE CANAVERA FL 32920 DIRECTOR	Title	DIRECTOR PALMER, GARY G. 8810 ASTRONAUT BOULEVARD
CAPE CANAVERA FL 32920 DIRECTOR MONCRIEF, JAMES 8810 ASTRONAUT BOULEVARD	Title Name Address	DIRECTOR PALMER, GARY G. 8810 ASTRONAUT BOULEVARD
CAPE CANAVERA FL 32920 DIRECTOR MONCRIEF, JAMES 8810 ASTRONAUT BOULEVARD CAPE CANAVERA FL 32920 DIRECTOR	Title Name Address City-State-Zip: Title	DIRECTOR PALMER, GARY G. 8810 ASTRONAUT BOULEVARD CAPE CANAVERA FL 32920 DIRECTOR
	HALL, MORRILL M. JR. 8810 ASTRONAUT BLVD CAPE CANAVERA FL 32920 SECRETARY	HALL, MORRILL M. JR.Name8810 ASTRONAUT BLVDAddressCAPE CANAVERA FL 32920City-State-Zip:SECRETARYTitle

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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: JIM VAN DUSEN

TREASURER

04/04/2018

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 04, 2018 Secretary of State CC9623023367

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	PRESIDENT
Name	HALL, JUDY C.	Name	PALMER, GARY G.
Address	8810 ASTRONAUT BOULEVARD	Address	8810 ASTRONAUT BOULEVARD
City-State-Zip:	CAPE CANAVERA FL 32920	City-State-Zip:	CAPE CANAVERA FL 32920