2003 FOR PROFIT CORPORATION

ON	HIFUH	M POSINI	= 55	KEPUK	Ι ((JBR	()		T CD 21, 2			
DOCUMENT # F53513 1. Entity Name								Secretary of State 02-21-2003 90211 013 ***150.00				
COMPRE	EHENSIVE	MANAGEMENT,	INC.						02 21 2005 70	,211 01	5 15	0.00
Principal Place of Business 10575 68TH AVE N				Mailing Address 10575 68TH AVE N								
SUITE B-3				SUITE B-3				ļ				
SEMINOLE FL 33772				SEMINOLE FL 33772						(()) 6 (8)(3)	a il a ight a ight	Didit etali (ed.
				US								
2. Principal Place of Business				3. Mailing Address				!	t toestee that disposition shak licen	1411 81#14 81	DÇI BIGIL QIŞIL	U/U U \$
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	59-2134650			Applied For Not Applicable	
Zíp	Country		Zip	Zip		Country		5. (Certificate of Status Desired		\$8.75 Ac Fee Requir	dditional
	6. Name	and Address of Current	Register	ed Agent				7. N	lame and Address of New Reg			
GRAHAM, DONALD V.					i	Name		,				
		Street Address (F			P.O. Bo	ox Number is Not Acceptable)			·			
#1 KEY CAPRI DR., 113W Treasure Island Fl												
						City				FL	Zip Coo	
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.											1 '	
the obligat	tions of registe	ered agent.	i me puit	bose of changing its in	egistere	to office or	registere	ed age	ent, or both, in the State of Florid	a. I am fa	amiliar with	, and accept
SIGNATURE	Signature, typed o	or printed name of registered agent a	and title if app	plicable. (NOTE:	Registered	Agent signatu	ure required v	when rei	nstating)	DATE		
. F		FEE IS \$150.00		T -			- D TO GOME OF			DATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State		÷.	· · ·		, I	 9. Election Campaign Finan Trust Fund Contribution. 	cing		00 May Be d to Fees
10.		OFFICERS AND I	DIRECTORS			11,		ADI	DITIONS/CHANGES TO OFFICE	BS AND	DIRECTOR	8S IN 11
TITLE	PSTD			☐ Delete	TITLE						☐ Change	Addition
NAME	GRAHAM,				NAME						onlingo	
STREET ADDRESS	s #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000				STREE	TREET ADDRESS						
CITY-ST-ZIP	IKEASUKE	ISLAND, FLOUDOU			CITY-	CITY-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS					NAME							
CITY-ST-ZIP						T ADDRESS						
TITLE						ST-ZIP						
NAME				☐ Delete	TITLE	-					Change	☐ Addition
STREET ADDRESS					NAME	T ADDRESS						
CITY-ST-ZIP					CITY-S							
TITLE			-	☐ Delete	TITLE	-						
NAME				LLI Delete	NAME						☐ Change	Addition
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	 <u> </u>				CITY-S	- 1						
TITLE				☐ Delete	TITLE						Change	Addition
NAME					NAME					1	onange	
STREET ADDRESS					STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	T-ZIP						
TITLE				☐ Delete	TITLE				·		Change	□ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:,

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coeding Date

☐ Change

☐ Addition

CR2E034 (10/02)