

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:43

DOCUMENT # **J10953 (4)**

1. Corporation Name  
**COMPREHENSIVE HOME HEALTH CARE SERVICES, INC.**

Principal Place of Business	Mailing Address
7270 NW 12TH ST PENTHOUSE #6 MIAMI FL 33126-1929	7270 NW 12TH ST PENTHOUSE #6 MIAMI FL 33126-1929

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1986	02/18/1994
4. FEI Number	Applied For
59-2728749	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

ROJAS, SILVIA  
7235 H NW 19TH ST  
MIAMI FL 33126

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Sign name, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARTY, FRANCISCO W
STREET ADDRESS	7270 N.W. 12TH ST., #PH6
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	MARTY, ROSE MARIE
STREET ADDRESS	7270 N.W. 12TH ST., #PH6
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MARTY, AILEEN
STREET ADDRESS	11728 HAPPY CHOICE LAND
CITY - ST - ZIP	GAITHERSBURGH MD
TITLE	D
NAME	CHESTER, WILLIAM
STREET ADDRESS	11728 HAPPY CHOICE LAND
CITY - ST - ZIP	GAITHERSBURGH MD
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	14700 Petit Way
3.4 CITY - ST - ZIP	Potomac, MD 20854
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	14700 Petit Way
4.4 CITY - ST - ZIP	Potomac, MD 20854
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or Block 14 of this report, or on an attachment with an address.

SIGNATURE: *Francisco W. Marty* Francisco W. Marty 02/10/95 (305) 591-1606  
(Name) (Date)