

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J10953

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: COMPREHENSIVE HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

7270 NW 12TH ST  
PENTHOUSE #6  
MIAMI, FL 331261929

**New Principal Place of Business:**

**Current Mailing Address:**

7270 NW 12TH ST  
PENTHOUSE #6  
MIAMI, FL 331261929

**New Mailing Address:**

FEI Number: 59-2728749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MARTY, FRANCISCO W,  
Address: 7270 N.W. 12TH ST.,#PH6  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: MARTY, ROSE MARIE,  
Address: 7270 N.W. 12TH ST.,#PH6  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: MARTY, AILEEN,  
Address: 14700 PETIT WAY  
City-St-Zip: POTOMAC, MD

Title: D ( ) Delete  
Name: CHESTER, WILLIAM,  
Address: 14700 PETIT WAY  
City-St-Zip: POTOMAC, MD

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANCISCO W. MARTY

PTD

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date