

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -11 PM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55404 (3)

1. Corporation Name
COMPREHENSIVE HOME HEALTH CARE SYSTEMS, INC.

Principal Place of Business Mailing Address
**C/O ILEANA MINERVINO
10220 S.W. 110TH ST.
MIAMI FL 33176** **C/O ILEANA MINERVINO
10220 S.W. 110TH ST.
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/03/1989 **03/28/1994**

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

4. FEI Number 52-1416996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MINERVINO, ILEANA
10220 S.W. 110TH ST.
MIAMI FL 33176**

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 *Ileana Minervino* **ILEANA MINERVINO** 4/26/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MINERVINO, ILEANA
STREET ADDRESS	10220 S.W. 110TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 110.07(3)(4), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ileana Minervino* **ILEANA MINERVINO** 4/26/95
Signature and typed or printed name of signing officer or director. Date (Signature Here)