

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55404

FILED
Jan 03, 2005
Secretary of State

Entity Name: COMPREHENSIVE HOME HEALTH CARE SYSTEMS, INC.

Current Principal Place of Business:

13343 S.W. 142ND TERRACE
MIAMI, FL 33186 US

New Principal Place of Business:

8700 WEST FLAGLER STREET
SUITE 300
MIAMI, FL 33174 US

Current Mailing Address:

10220 S.W. 110TH STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-2930383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINERVINO, MARK
10220 S.W. 110TH ST.
MIAMI, FL 33176 US

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: PT () Delete
Name: MINERVINO, ILEANA,
Address: 10220 S.W. 110TH ST.
City-St-Zip: MIAMI, FL 33176

Title: CS () Delete
Name: MINERVINO, MARK
Address: 10220 S.W. 110TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ILEANA MINERVINO

PT

01/03/2005

Electronic Signature of Signing Officer or Director

_____ Date