

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022205

FILED
Apr 13, 2009
Secretary of State

Entity Name: COMPREHENSIVE HEALTH INITIATIVE LLC

Current Principal Place of Business:

1210 NW 95 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1210 NW 95 ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 03-0399609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHI, JOSEPH I
1210 NW 95TH ST
MIAMI, FL 33147 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHI, JOSEPH
Address: 5112 MAGGIORE ST
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH CHI

DR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date