2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

DOCUMENT# L05000014028

Entity Name: COMPREHENSIVE HEALTH CENTER OF NAPLES, LLC

Current Principal Place of Business:

671 NW 119TH STREET
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

8788 S.W. 8TH STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: 20-2417174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMPANY MANAGEMENT SERVICES, LLC
8788 S.W. 8TH STREET
MIAMI, FL 33174 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
Name: MOISE, GUY RUDOLPH
Address: 671 NW 119TH STREET
City-St-Zip: NORTH MIAMI, FL 33168

I hereby 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 Statues.

SIGNATURE: GUY RUDOLPH MOISE MGR 04/15/2010

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