2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033284

Entity Name: COMPREHENSIVE HEALTHCARE OF MIAMI, LLC

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9200 SUNSET DRIVE 7650 WEST FLAGLER STREET

#4 MIAMI, FL 33144 U MIAMI, FL 33173 US

Current Mailing Address: New Mailing Address:

9200 SUNSET DRIVE P.O. BOX 830757

#4 MIAMI, FL 33173 US

FEI Number: 20-2649114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VAZQUEZ, CARLOS 16624 SW 59 TERR MIAMI, FL 33193 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 VAZQUEZ, CARLOS
 Name:

 Address:
 16624 SW 59 TERR
 Address:

 City-St-Zip:
 MIAMI, FL 33193 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PANCORBO, DARIO
 Name:

 Address:
 1421 SW 153 PATH
 Address:

 City-St-Zip:
 MIAMI, FL 33194 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS VAZQUEZ MGMR 04/10/2007