

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033284

FILED
Apr 15, 2008
Secretary of State

Entity Name: COMPREHENSIVE HEALTHCARE OF MIAMI, LLC

Current Principal Place of Business:

7650 WEST FLAGLER STREET
MIAMI, FL 33144 US

New Principal Place of Business:

8000 SW 117 AVE
201
MIAMI, FL 33183 US

Current Mailing Address:

P.O. BOX 830757
MIAMI, FL 33283 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

VAZQUEZ, CARLOS
16624 SW 59 TERR
MIAMI, FL 33193 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: MGRM () Delete
Name: VAZQUEZ, CARLOS
Address: 16624 SW 59 TERR
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM () Delete
Name: PANCORBO, DARIO
Address: 1421 SW 153 PATH
City-St-Zip: MIAMI, FL 33194 US

ADDITIONS/CHANGES:

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 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 A. VAZQUEZ

P

04/15/2008

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