

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042992

**FILED**  
**May 28, 2008**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HEALTH CENTER, LLC

**Current Principal Place of Business:**

671 N.W. 119 STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

671 N.W. 119 STREET  
MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 59-2523291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

COMPANY MANAGEMENT SERVICES LLC  
8788 SW 8TH STREET  
MIAMI, FL 33174      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:**

Title: MGR      ( ) Delete  
Name: MOISE, RUDOLPH  
Address: 671 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33168

**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: MOISE RUDOLPH

MGR

05/28/2008

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