2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000004556

Entity Name: COMPREHENSIVE HEALTH CENTER OF ORLANDO, LLC

Current Principal Place of Business:

1011 WEST OAK RIDGE ROAD
SUITE A
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4632070 **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 ( ) Delete
Name: MOISE, GUY RUDOLPH
Address: 9999 N.E. 2ND AVENUE, SUITE 209
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOISE, GUY RUDOLPH
Address: 8788 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33174

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: GUY RUDOLPH MOISE MGR 04/30/2009

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