

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020363

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE FAMILY, LLC

**Current Principal Place of Business:**

6450 NW 5TH WAY  
FT, LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6450 NW 5TH WAY  
FT, LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 20-8501651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MENKHAUS, DAVID J  
1900 GLADES ROAD  
STE 401  
BOCA RATON, FL 33431 US

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

LARSON, ROY ESQUIRE  
BAKER & MCKENZIE LLP  
1111 BRICKELL AVENUE, SUITE 1700  
MIAMI, FL 33131 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: ROY LARSON, ESQ.

03/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COMPREHENSIVE WELLNESS SERVICES, INC  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

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 Statutes.

SIGNATURE: GARRETT W. BRAGG

PRES

03/19/2010

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