# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N40527

1. Entity Name
COMPREHENSIVE PERSONAL CARE SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8525 NW 53 TERR<br>STE 210<br>MIAMI, FL 33166-7904 | 8525 NW 53 TERR<br>STE 210<br>MIAMI, FL 33166-7904 |

DO NOT WRITE IN THIS SPACE

03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0222729

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESPAIGNE, CECILIA
8525 NNW 53 TERR
STE 210
MIAMI, FL 33166

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000483291
04/11/06-80113-003 70.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | KORY, JOYCE |
| STREET ADDRESS | 200 ALHAMBRA CIR 8TH FL |
| CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | VPD |
| NAME | SWAN, MICHEAL |
| STREET ADDRESS | 2701 LE JEUNE RD STE 340 |
| CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | S |
| NAME | TRUSTY, CANDIS |
| STREET ADDRESS | 2 DATRAN CENTER STE 1225 |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | T |
| NAME | CASH, DAVID |
| STREET ADDRESS | 2305 SW 183 TERR |
| CITY-ST-ZIP | MIRAMAR, FL 33029 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Cecilia Despaigne 3/24/06 (305)477-8091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #