

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40527

FILED
Apr 22, 2009
Secretary of State

Entity Name: COMPREHENSIVE PERSONAL CARE SERVICES, INC.

Current Principal Place of Business:

8525 NW 53 TERR
STE 210
MIAMI, FL 331667904

New Principal Place of Business:

8390 NW 53 STREET
STE 210
MIAMI, FL 33166

Current Mailing Address:

8525 NW 53 TERR
STE 210
MIAMI, FL 331667904

New Mailing Address:

8390 NW 53 STREET
STE 210
MIAMI, FL 33166

FEI Number: 65-0222729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DESPAIGNE, CECILIA
8390 NW 53 STREET
STE 210
MIAMI, FL 33166 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: CECILIA DESPAIGNE

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEINBERG, PAUL
Address: 767 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD () Delete
Name: SWAN, MICHEAL
Address: 2701 LE JEUNE RD STE 340
City-St-Zip: MIAMI, FL 33134

Title: S () Delete
Name: VIRGIL, ERIC
Address: 328 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: CASH, DAVID
Address: 2305 SW 183 TERR
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA DESPAIGNE

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date