

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40527

FILED
Feb 17, 2011
Secretary of State

Entity Name: COMPREHENSIVE PERSONAL CARE SERVICES, INC.

Current Principal Place of Business:

8390 NW 53 STREET
STE 210
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8390 NW 53 STREET
STE 210
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0222729 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NETTLETON, KATHY
8390 NW 53 STREET
STE 210
MIAMI, FL 33166 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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATHY NETTLETON

DIR

02/17/2011

Electronic Signature of Signing Officer or Director

Date