

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90176 049 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000048677

1. Entity Name

COMPREHENSIVE HEALTHCARE, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

720 W. OAK ST

Suite, Apt. #, etc.

Suite 303

City & State

KISSIMMEE FL

Zip

34741

Country

3. Mailing Address

720 W. OAK ST

Suite, Apt. #, etc.

Suite 303

City & State

KISSIMMEE FL

Zip

34741

Country

4. FEI Number

593645524

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAHMAN, RIAZ

Street Address (P.O. Box Number is Not Acceptable)

1810 THE OAKS BLVD

City

KISSIMMEE

FL

Zip Code

34746

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retaining)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

RAHMAN, RIAZ
1810 THE OAKS BLVD
KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

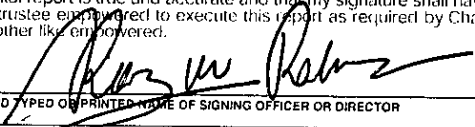
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature Printed Name

04-22-02

CR2E034B (12/01)