2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# P00000048677

Entity Name: COMPREHENSIVE HEALTHCARE, P.A.

Current Principal Place of Business:

833 EAST OAK STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

6658 MERRYVALE LANE
PORT ORANGE, FL 32128

Current Mailing Address:

6658 MERRYVALE LANE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-3645524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAHMAN, RIAZ
6658 MERRYVALE LANE
PORT ORANGE, FL 32128 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: RAHMAN, RIAZ
Address: 6658 MERRYVALE LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MGR ( ) Change (X) Addition
Name: RIAZ, NAGINA
Address: 6658 MERRYVALE LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR ( ) Change (X) Addition
Name: RAHMAN, FAZAL
Address: 6658 MERRYVALE LANE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGR ( ) Change (X) Addition
Name: RIAZ, BURHAN
Address: 6658 MERRYVALE LANE
City-St-Zip: PORT ORANGE, FL 32128 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIAZ RAHMAN MGR 03/12/2008
Electronic Signature of Signing Officer or Director Date