

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048677

FILED  
Mar 12, 2010  
Secretary of State

**Entity Name:** COMPREHENSIVE HEALTHCARE, P.A.

**Current Principal Place of Business:**

6658 MERRYVALE LANE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**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  
**Name:** RAHMAN, RIAZ  
**Address:** 6658 MERRYVALE LANE  
**City-St-Zip:** PORT ORANGE, FL 32128

**Title:** MGR  
**Name:** RIAZ, NAGINA  
**Address:** 6658 MERRYVALE LANE  
**City-St-Zip:** PORT ORANGE, FL 32128

**Title:** MGR  
**Name:** RAHMAN, FAZAL  
**Address:** 6658 MERRYVALE LANE  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** MGR  
**Name:** RIAZ, BURHAN  
**Address:** 6658 MERRYVALE LANE  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** MS  
**Name:** RAHMAN, IQRA  
**Address:** 6658 MERRYVALE LA  
**City-St-Zip:** PORT ORANGE, FL 32128

**Title:** MS  
**Name:** RAHMAN, ZAHRA  
**Address:** 6658 MERRYVALE LA  
**City-St-Zip:** PORT ORANGE, FL 32128

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

**SIGNATURE:** RIAZ RAHMAN

MD

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date