2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

DOCUMENT# P00000048677

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

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, ALEENA
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 02/09/2011

Electronic Signature of Signing Officer or Director — Date