2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084296

Entity Name: COMPREHENSIVE MEDICAL CARE, P.A.

FILED Jan 03, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place | New Principal Place of Business: | |
|---|--|--|--|
| 16244 SOUTH MILITARY TRAIL STE 140 | | | |
| DELRAY BEACH, FL 33484 | | | |
| Current Mailing Address: | New Mailing Address | :: | |
| 16244 SOUTH MILITARY TRAIL STE 140 | | | |
| DELRAY BEACH, FL 33484 | | | |
| FEI Number: 65-1142303 FEI Number App | olied For () FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registe | red Agent: Name and Address o | f New Registered Agent: | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US | | | |
| The above named entity submits this state in the State of Florida. | ement for the purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | |
| Electronic Signature of F | Registered Agent | Date | |
| Election Campaign Financing Trust Fund Contr | ibution (). | | |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS: | |
| Title: PSTD () Delete Name: QIAN, KAIFENG DR. | Title: Name: | () Change () Addition | |

Address: 16244 SOUTH MILITARY TRAIL Address:

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAIFENG QIAN DR. 01/03/2007