

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109489

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** COMPLETE SAM HEALTH CARE INC.

**Current Principal Place of Business:**

1151 NORTH BLACKWOOD AVENUE  
SUITE NO. 110  
OCOOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

9003 LAKE COVENTRY COURT  
GOTHA, FL 34734 US

**New Mailing Address:**

1151 NORTHBLACKWOOD AVENUE  
SUITE NO. 110  
OCOOE, FL 34761 US

**FEI Number:** 05-0585491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAHMANKHAH, ALREZA  
9003 LAKE COVENTRY COURT  
GOTHA, FL 34734 US

**Name and Address of New Registered Agent:**

RAHMANKHAH, AL  
9003 LAKE COVENTRY COURT  
GOTHA, FL 34734 US

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:** AL RAHMANKHAH

03/29/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** RAHMANKHAH, ALREZA  
**Address:** 9003 LAKE COVENTRY COURT  
**City-St-Zip:** GOUTH, FL 34734

**Title:** VP ( ) Delete  
**Name:** RASSAPOUR, SAMIRA  
**Address:** 9003 LAKE COVENTRY COURT  
**City-St-Zip:** GOTHA, FL 34734

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** RAHMANKHAH, AL  
**Address:** 9003 LAKE COVENTRY COURT  
**City-St-Zip:** GOUTH, FL 34734

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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:** AL RAHMANKHAH

P

03/29/2006

Electronic Signature of Signing Officer or Director

Date