

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109489

FILED
Feb 25, 2008
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:

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

New Mailing Address:

FEI Number: 05-0585491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHMANKHAH, AL
2710 PARK ROYAL DRIVE
WINDERMERE, FL 34786 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: P () Delete
Name: RAHMANKHAH, AL
Address: 2710 PARK ROYAL DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: RASSAPOUR, SAMIRA
Address: 2710 PARK ROYAL DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: AL RAHMANKHAH

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date