## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000139164

Entity Name: COMPREHENSIVE NURSING, INC.

FILED Jul 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6915 MAIN STREET #430 9753 NW 127 STREET MIAMI LAKES, FL 33014 HIALEAH, FL 33018 US

Current Mailing Address: New Mailing Address:

6915 MAIN STREET #430 9753 NW 127 STREET MIAMI LAKES, FL 33014 HIALEAH, FL 33018 US

FEI Number: 74-3193004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GARCIA, SANDRA

6915 MAIN STREET #430
MIAMI LAKES, FL 33014

US

L & R INTERNATIONAL FIRM INC
7385 WEST FLAGLER STREET
MIAMI, FL 33144

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: OSCAR LOPEZ 07/24/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: GARCIA, SANDRA Name: GARCIA, SANDRA Address: 6915 MAIN STREET #430 Address: 9753 NW 127 STREET

6915 MAIN STREET #430 Address: 9753 NW 127 STREET MIAMI LAKES, FL 33014 City-St-Zip: HIALEAH, FL 33018 US

 Name:
 Name:
 GARCIA, RONALDO M

 Address:
 Address:
 9753 NW 127 STREET

 City-St-Zip:
 City-St-Zip:
 HIALEAH, FL 33018 US

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: SANDRA GARCIA P 07/24/2008