

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000027258

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HOME CARE OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

7552 NAVARRE PARKWAY,  
UNIT # 4  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

2748 COPPER DRIVE  
NAVARRE, FL 32566 US

**New Mailing Address:**

8201 POMPANO ST  
NAVARRE, FL 32566 US

**FEI Number:** 20-8656968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIEL, FRANK G JR.  
2748 COPPER REEF DRIVE  
NAVARRE, FL 32566 US

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

DANIEL, FRANK G JR.  
8201 POMPANO ST  
NAVARRE, FL 32566 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:

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: DANIEL, FRANK G JR.  
Address: 8201 POMPANO ST  
City-St-Zip: NAVARRE, FL 32566 US

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: FRANK GANTT DANIEL JR

DIR

01/09/2012

Electronic Signature of Signing Officer or Director

Date