

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90260 033 \*\*\*158.75

**DOCUMENT # P15592**

1. Entity Name  
**COMPREHENSIVE HEALTH CARE ASSOCIATES, INC.**

Principal Place of Business <b>1266 1ST STREET          SUITE 8          SARASOTA FL 34236          US</b>	Mailing Address <b>1266 1ST STREET          SUITE 8          SARASOTA FL 34236          US</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-2955890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KISTLER, RICHARD L.  
 1266 1ST STREET  
 SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>KISTLER, RICHARD L.</b>
STREET ADDRESS	<b>1266 1ST STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SAENGER, LEO C. JR.</b>
STREET ADDRESS	<b>12412 POWERSCOURT DR. -STE 150</b>
CITY-ST-ZIP	<b>SAINT LOUIS MO 63141</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROSNER, JAMES C.</b>
STREET ADDRESS	<b>45 PROGRESS PARKWAY</b>
CITY-ST-ZIP	<b>MARYLAND HEIGHTS MO</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>THORPE, JAMES J</b>
STREET ADDRESS	<b>1266 1ST STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S R. Denny Barnett</b>
STREET ADDRESS	<b>1266 First St. Suite 8</b>
CITY-ST-ZIP	<b>Sarasota, Fl. 34236</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Denny Barnett R. Denny Barnett 1/4/2001 941/365-6194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)