


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P15592</b>	
1. Entity Name <b>COMPREHENSIVE HEALTH CARE ASSOCIATES, INC.</b>	

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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01052006 No Chg-P CR2E034 (11/05)

**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 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KISTLER, RICHARD L. 1266 1ST STREET SARASOTA, FL 34236</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISTLER, RICHARD L. 1266 1ST STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAENGER, LEO C. JR. 12412 POWERS COURT DR. STE 150 SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSNER, JAMES C. 45 PROGRESS PARKWAY MARYLAND HEIGHTS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REITER, MARY F 1266 FIRST ST SUITE 8 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06 00007-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard L. Kistler* 3/1/06 941 365 6194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #