


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P15592
1. Entity Name
COMPREHENSIVE HEALTH CARE ASSOCIATES, INC.



Principal Place of Business 1266 1ST STREET SUITE 8 SARASOTA, FL 34236 US	Mailing Address 1266 1ST STREET SUITE 8 SARASOTA, FL 34236 US
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01052006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2955890	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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 _____

**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 POWERSCOURT 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 800037-013 158.75

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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* Date: 3/1/06 Daytime Phone #: 941 365 6194