


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 041 ***158.75

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
2442 BOYD/ICA PARKWAY

Suite, Apt. #, etc.
126158 5342 CLARK ROAD

1st MOORE CR2E034 (10/06)

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number **36-2955890**

Applied For
 Not Applicable

Zip *34238* Country *USA*

Zip *34238-3227* Country *USA*

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

7. Name and Address of New Registered Agent

Name *RICHARD L KISTLER*

Street Address (P.O. Box Number is Not Acceptable)
126158

5342 CLARK ROAD

City *SARASOTA* FL Zip Code *34238-3227*

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KISTLER, RICHARD L. 1266 1ST STREET SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAENGER, LEO C. JR. 12412 POWERS COURT DR. -STE 150 SAINT LOUIS MO 63141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSNER, JAMES C. 45 PROGRESS PARKWAY MARYLAND HEIGHTS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REITER, MARY F 1266 FIRST ST SUITE 8 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Pres* **4-5-07** **941 921 0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #