

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/100 PARKWAY

Suite, Apt. #, etc.

126158 5342 CLARK ROAD

City & State

SARASOTA FL

City & State

SARASOTA FL

1st MOORE

CR2E034 (10/06)

4. FEI Number 36-2955890

Applied For
Not Applicable

Zip 34238
34238-3227

Country
USA

Zip 34238
34238-3227

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KISTLER, RICHARD L.
STREET ADDRESS 1266 1ST STREET
CITY - ST - ZIP SARASOTA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME SAENGER, LEO C. JR.
STREET ADDRESS 12412 POWERS COURT DR. -STE 150
CITY - ST - ZIP SAINT LOUIS MO 63141 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME ROSNER, JAMES C.
STREET ADDRESS 45 PROGRESS PARKWAY
CITY - ST - ZIP MARYLAND HEIGHTS MO ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S
NAME REITER, MARY F
STREET ADDRESS 1266 FIRST ST SUITE 8
CITY - ST - ZIP SARASOTA FL 34236 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Date

941 921 0888

Daytime Phone #