


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90012 039 \*\*\*158.75

<b>DOCUMENT # P15592</b> 1. Entity Name <b>COMPREHENSIVE HEALTH CARE ASSOCIATES, INC.</b>	
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Principal Place of Business <del>9442 BOTANICA PARKWAY</del> <b>SARASOTA, FL 34238 US</b> <b>7442 Botanica Pkwy</b>	Mailing Address <b>PMB 158 5342 CLARK ROAD</b> <b>SARASOTA, FL 34232-3227 US</b>
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04162008 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
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>KISTLER, RICHARD L.</b> <b>PMB 158</b> <b>5242 CLARK ROAD</b> <b>SARASOTA, FL 34232-3227</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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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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 Pres.* 41608 944 921 0388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone