

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

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



Principal Place of Business      Mailing Address  
~~5242 CLARK ROAD~~      **PMB 158 5342 CLARK ROAD**  
**SARASOTA, FL 34238 US**      **SARASOTA, FL 34232-3227 US**  
**7442 Botanica Pkwy**



04162008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-2955890</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**KISTLER, RICHARD L.**  
**PMB 158**  
**5242 CLARK ROAD**  
**SARASOTA, FL 34232-3227**

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

**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 Pres.*      *4/6/08*      *944 921 0338*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date-time Phone #