

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15592

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: COMPREHENSIVE HEALTH CARE ASSOCIATES, INC.

**Current Principal Place of Business:**

7442 BOTANICA PKWY  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 158 5342 CLARK ROAD  
SARASOTA, FL 342323227 US

**New Mailing Address:**

FEI Number: 36-2955890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KISTLER, RICHARD L.  
PMB 158  
5242 CLARK ROAD  
SARASOTA, FL 342323227 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KISTLER, RICHARD L.  
Address: 1266 1ST STREET  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: SAENGER, LEO C. JR.  
Address: 12412 POWERSCOURT DR. -STE 150  
City-St-Zip: SAINT LOUIS, MO 63141

Title: D ( ) Delete  
Name: ROSNER, JAMES C.  
Address: 45 PROGRESS PARKWAY  
City-St-Zip: MARYLAND HEIGHTS, MO

Title: S ( ) Delete  
Name: REITER, MARY F  
Address: 1266 FIRST ST SUITE 8  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KISTLER, RICHARD L.  
Address: 5342 CLARK ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: REITER, MARY F  
Address: 5342 CLARK ROAD  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. KISTLER

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date