

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15592

FILED
Feb 16, 2012
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 ()

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

OFFICERS AND DIRECTORS:

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

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

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

Title: S
Name: REITER, MARY F
Address: 5342 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L KISTLER

PRES

02/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date