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Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P96000004814

1. Corporation Name
Comprehensive PHP, Inc.

Principal Place of Business
3383 N.W. 7th street # 210
Miami, FL 33125

Mailing Address

3. Date Incorporated or Qualified: Jan 11, 1996	3a. Date of Last Report: SAME
4. FEI Number: 65-0637004	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	3383 N.W 7th street	2a. Mailing Address 26	S.A.A.
Suite, Apt. #, etc. 22	210	Suite, Apt. #, etc. 27	S.A.A
City & State 23	MIAMI, FL	City & State 28	S.A.A
Zip 24 / Country 25	33125 / USA	Zip 29 / Country 30	33125 / USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: ALFREDO TURNES
82 Street Address (P.O. Box Number is Not Acceptable): 3383 N.W. 7th street
83 SUITE # 210
84 City: MIAMI FL 85 Zip Code: 33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: x Alfredo Turnes — 7-22-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE	PRESIDENT		1.1 TITLE		
NAME	ALFREDO TURNES		1.2 NAME		
STREET ADDRESS	10374 SW 9 terr		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA 33174		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		PE
STREET ADDRESS			5.3 STREET ADDRESS		8-5
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002258983	
STREET ADDRESS			6.3 STREET ADDRESS	-08/06/97--01017--035	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***558.75	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALFREDO TURNES x Alfredo Turnes — 7/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #