

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comprehensive Wellness Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000097553

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael W. Moskowitz, Esq.

Name of Contact Person

Moskowitz, Mandell, Salim & Simowitz, P.A.

Firm/Company

800 Corporate Drive, Suite 500

Address

Fort Lauderdale, FL 33334

City/State and Zip Code

mmoskowitz@mmsslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael W. Moskowitz

Name of Contact Person

at (954) 491-2000

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Comprehensive Wellness Services, Inc.
2. The principal office address: 6450 NW 5th Way, Fort Lauderdale, FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/13/1997 Document number: P97000097553
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Roy J. Larson, Esq.

1111 Brickell Avenue, #1700

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael W. Moskowitz, Esq.

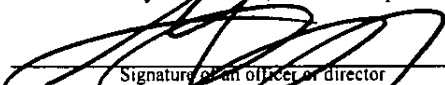
800 Corporate Drive, Suite 500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33334

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Garrett W. Bragg

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10/24/13

Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

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CERTIFIED CIRCUIT COURT MEDIATOR*

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OF COUNSEL

SHIRLEY D. WEISMAN, P.A.

Michael W. Moskowitz
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October 25, 2013

VIA FEDERAL EXPRESS

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find sixteen (16) Statements of Change of Registered Office or Registered Agent or Both with respect to the following entities:

1. Comprehensive Wellness Services, Inc.;
2. Polaris Management LLC;
3. Comprehensive Home Care of Palm Beach, LLC;
4. Comprehensive Home Care of Southwest Florida, LLC;
5. Comprehensive Home Care of Hillsborough, LLC;
6. Comprehensive Home Care of Hernando, LLC;
7. Comprehensive Home Care of Broward, LLC;
8. Comprehensive Home Care of Pinellas/Pasco, LLC
9. Distinctive Home Care, LLC;
10. Distinctive Home Care of Palm Beach, LLC;
11. Comprehensive Plus, Inc.

October 25, 2013

Page 2

12. C Plus of Palm Beach, LLC;
13. SLC Management & Support Services, LLC;
14. Professional Care Rehab, Inc.
15. Morning Star Rehab, Inc.
16. Changing Tides Home Health, Inc.

Also enclosed is this firm's check in the total amount of \$560.00 in payment of the filing fees.

Your courtesy and consideration in filing these amendments is greatly appreciated. Should you have any questions or comments, please do not hesitate to contact the undersigned.

Very truly yours,

MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

BY: _____
MICHAEL W. MOSKOWITZ

MWM/cl

Enclosure

cc: Client