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.

DVPS

SIGNATURE: ROSE MARIE R. MARTY

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :					
Title	PTD	Title	DVPS		
Name	MARTY, FRANCISCO W	Name	MARTY, ROSE MARIE		
Address	7270 N.W. 12TH ST.,#PH6	Address	7270 N.W. 12TH ST.,#PH6		
City-State-Zip	: MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126		

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10953

Entity Name: COMPREHENSIVE HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

7270 NW 12TH ST PENTHOUSE #6 MIAMI, FL 33126-1929

Current Mailing Address:

7270 NW 12TH ST PENTHOUSE #6 MIAMI, FL 33126-1929

FEI Number: 59-2728749

Name and Address of Current Registered Agent:

MARTY, ROSE MARIE 7270 NW 12TH STREET PH # 6 MIAMI, FL 33126 US

SIGNATURE: ROSE MARIE R MARTY 04/11/2015 Electronic Signature of Registered Agent Officer/Director Detail :

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.

cer/Director Detail :				
	PTD	Title	DVPS	
ie	MARTY, FRANCISCO W	Name	MARTY, ROSE MARIE	
ress	7270 N.W. 12TH ST.,#PH6	Address	7270 N.W. 12TH ST.,#PH6	
State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126	

FILED Apr 11, 2015 Secretary of State CC4659433757

Certificate of Status Desired: Yes

04/11/2015

Date