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.

PRESIDENT

SIGNATURE: ANGELA MINERVINO

Electronic Signature of Signing Officer/Director Detail

Entity Name: COMPREHENSIVE HOME HEALTH CARE SYSTEMS, INC.

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

8700 WEST FLAGLER STREET SUITE 300 MIAMI, FL 33174

DOCUMENT# K55404

Current Mailing Address:

10220 S.W. 110TH STREET MIAMI, FL 33176

FEI Number: 59-2930383

Name and Address of Current Registered Agent:

MINERVINO, MARK 10220 S.W. 110TH ST. MIAMI, FL 33176 US

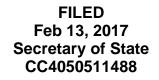
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PT	Title	CS
Name	MINERVINO, ANGELA M	Name	MINERVINO, MARK
Address	10220 SW 110 STREET	Address	10220 S.W. 110TH STREET
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176



Certificate of Status Desired: No

02/13/2017 Date

Date