

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55404

Entity Name: COMPREHENSIVE HOME HEALTH CARE SYSTEMS, INC.

Current Principal Place of Business:

8700 WEST FLAGLER STREET
SUITE 300
MIAMI, FL 33174

Current Mailing Address:

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

FEI Number: 59-2930383

Certificate of Status Desired: No

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

_____ Date

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

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: ANGELA MINERVINO

PT

02/09/2014

Electronic Signature of Signing Officer/Director Detail

Date