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

SUITE 300 MIAMI, FL 33174

Current Mailing Address:

8700 WEST FLAGLER STREET

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	

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT		
DOCUMENT# K55404	Ja	
Entity Name: COMPREHENSIVE HOME HEALTH CARE SYSTEMS, INC.		
Current Principal Place of Business:		

Certificate of Status Desired: No

FILED an 21, 2020 etary of State 2443978078CC

> 01/21/2020 Date

Date