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 ears

Electronic Signature of Signing Officer/Director Detail

# 2018 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

#### Name and Address of Current Registered Agent:

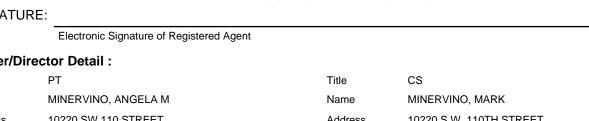
MINERVINO, MARK 10220 S.W. 110TH ST. MIAMI, FL 33176 US

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:

## **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	



oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect		
above, or on an attachment with all other like empowered.		
SIGNATURE: ANGELA MINERVINO	SECRETARY	03/19/2018

# FILED Mar 19, 2018 Secretary of State CC5521109140

Date

Certificate of Status Desired: No

Date