SIGNATURE: ANGELA M MINERVINO

Electronic Signature of Signing Officer/Director Detail

2013 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

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### SIGN

#### Offic

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			

ove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
IATURE:							
	Electronic Signature of Registered Agent						
er/Director Detail :							
	PT	Title	CS				
•	MINERVINO, ANGELA M	Name	MINERVINO, MARK				
	10220 SW/ 110 STREET	Address	10220 S W 110TH STREET				

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. 01/23/2013 PRESIDENT

FILED Jan 23, 2013 Secretary of State CC6819136851

Date

Certificate of Status Desired: No

Date