

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55404

**Entity Name:** COMPREHENSIVE HOME HEALTH CARE SYSTEMS, INC.

**Current Principal Place of Business:**

9636 SW 112TH STREET  
MIAMI, FL 33176

**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  
Name MINERVINO-MORAN, ANGELA M  
Address 10220 SW 110 STREET  
City-State-Zip: MIAMI FL 33176

Title CS  
Name MINERVINO JR, MARK JOHN  
Address 10220 S.W. 110TH STREET  
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: MINERVINO-MORAN , ANGELA M**

**PRESIDENT**

**02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date