

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000048677

**Entity Name:** COMPREHENSIVE HEALTHCARE, P.A.**Current Principal Place of Business:**646 HILLS BOULEVARD  
PORT ORANGE, FL 32127**Current Mailing Address:**646 HILLS BLVD  
PORT ORANGE, FL 32127 US**FEI Number: 59-3645524****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAHMAN, RIAZ  
646 HILLS BLVD.  
PORT ORANGE, FL 32127 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: RIAZ RAHMAN****03/20/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MANAGER  
Name RAHMAN, RIAZ  
Address 646 HILLS BLVD  
City-State-Zip: PORT ORANGE FL 32127

Title MGR  
Name RIAZ, NAGINA  
Address 6658 MERRYVALE LANE  
City-State-Zip: PORT ORANGE FL 32128

Title MGR  
Name RAHMAN, ALEENA  
Address 6658 MERRYVALE LANE  
City-State-Zip: PORT ORANGE FL 32128

Title MGR  
Name RIAZ, BURHAN  
Address 6658 MERRYVALE LANE  
City-State-Zip: PORT ORANGE FL 32128

Title MS  
Name RAHMAN, IQRA  
Address 6658 MERRYVALE LA  
City-State-Zip: PORT ORANGE FL 32128

Title MS  
Name RAHMAN, ZAHRA  
Address 6658 MERRYVALE LA  
City-State-Zip: PORT ORANGE FL 32128

*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: RIAZ RAHMAN****MANAGER / REGISTERED AGENT 03/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date