

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048677

Entity Name: COMPREHENSIVE HEALTHCARE, P.A.**Current Principal Place of Business:**6658 MERRYVALE LANE
PORT ORANGE, FL 32128**Current Mailing Address:**6658 MERRYVALE LANE
PORT ORANGE, FL 32128**FEI Number: 59-3645524****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAHMAN, RIAZ
6658 MERRYVALE LANE
PORT ORANGE, FL 32128 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	DR
Name	RAHMAN, RIAZ
Address	6658 MERRYVALE LANE
City-State-Zip:	PORT ORANGE FL 32128

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**PRESIDENT****03/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date