

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050584

Entity Name: COMPREHENSIVE THERAPY SERVICES, INC.

Current Principal Place of Business:

350 SW DUXBURY AVE
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

350 SW DUXBURY AVENUE
PORT SAINT LUCIE, FL 34983 US

FEI Number: 20-4660536

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINES, WENDY
350 SW DUXBURY AVENUE
PORT SAINT LUCIE, FL 34983 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: WENDY SINES

04/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SINES, WENDY
Address 350 SW DUXBURY AVENUE
City-State-Zip: PORT SAINT LUCIE FL 34983

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: WENDY SINES

DIRECTOR

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date