

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000027258

**FILED**  
**Apr 06, 2023**  
**Secretary of State**  
**9304411663CC**

**Entity Name:** COMPREHENSIVE HOME CARE OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

7552 NAVARRE PARKWAY,  
UNIT # 4  
NAVARRE, FL 32566

**Current Mailing Address:**

7552 NAVARRE PARKWAY,  
SUITE 4  
NAVARRE, FL 32566 US

**FEI Number: 20-8656968**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DANIEL, FRANK G JR.  
8201 POMPANO ST  
NAVARRE, FL 32566 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: FRANK G DANIEL JR**

**04/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PT, ADMINISTRATOR  
Name DANIEL, FRANK G JR.  
Address 8201 POMPANO ST  
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR OF NSG  
Name DANIEL, CINDY  
Address 8201 POMPANO ST  
City-State-Zip: NAVARRE FL 32566

*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: FRANK DANIEL**

**04/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date