

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000062557

Entity Name: COMPREHENSIVE HEALTHCARE, INC.

Current Principal Place of Business:

797 N STATE RD 434
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

797 N STATE RD 434
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 46-0595427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMETREE, ROBERT
797 N. STATE RD. 434
ALTAMONTE SPRINGS, FL 32714 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 PTS
Name DEMETREE, ROBERT
Address 797 N. STATE RD. 434
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: ROBERT DEMETREE

PRES

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date