

**2022 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

Title           MRS.  
Name           DEMETREE, JENNY  
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: JENNY DEMETREE**

**BOOKKEEPER**

**04/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date