

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000088011

**Entity Name:** COMPREHENSIVE HOME CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

2161 PALM BEACH LAKES BLVD.  
SUITE 315  
PALM BEACH LAKES, FL 33409

**Current Mailing Address:**

2161 PALM BEACH LAKES BLVD.  
SUITE 315  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 47-2386765

**Certificate of Status Desired:** No

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

MARRERO, ANTONIO A  
2161 PALM BEACH LAKES BLVD.  
315  
WEST PALM BEACH, FL 33409 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 P  
Name SIFREDO, ALBERTO  
Address 2161 PALM BEACH LAKES BLVD.,  
STE. 315  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** ALBERTO SIFREDO

P

04/28/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date