

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000013312

**Entity Name:** COMPREHENSIVE MEDPSYCH SYSTEMS, INC.

**Current Principal Place of Business:**

1090 S. TAMIAMI TRAIL  
SARASOTA, FL 34236

**Current Mailing Address:**

1090 S. TAMIAMI TRAIL  
SARASOTA, FL 34236 US

**FEI Number: 65-0812381**

**Certificate of Status Desired: No**

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

KANTER, GEOFFREY DR.  
1090 S. TAMIAMI TRAIL  
SARASOTA, FL 34236 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 DR.  
Name KANTER, GEOFFREY DR.  
Address 1250 S. TAMIAMI TRAIL  
STE 201  
City-State-Zip: SARASOTA FL 34239

*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: GEOFFREY KANTER**

**DIRECTOR**

**01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date