

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004747

**Entity Name:** COMPREHENSIVE HOME CARE OF HILLSBOROUGH, LLC

**Current Principal Place of Business:**

3102 W WATERS AVE  
SUITE 202A  
TAMPA, FL 33614

**Current Mailing Address:**

6450 NW 5TH WAY  
FT. LAUDERDALE, FL 33309

**FEI Number: 05-0554156**

**Certificate of Status Desired: No**

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

MOSKOWITZ, MICHAEL W  
MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, PA  
800 CORPORATE DR - STE 500  
FT LAUDERDALE, FL 33334 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

**Authorized Person(s) Detail :**

Title MGR  
Name BRAGG, GARRETT W  
Address 6450 NW 5TH WAY  
City-State-Zip: FT. LAUDERDALE FL 33309

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GARRETT W. BRAGG**

**MANAGER**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date