

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000078661

Entity Name: COMPREHENSIVE HOME CARE OF POLK, LLC

Current Principal Place of Business:

373 E. CENTRAL AVE
WINTER HAVEN, FL 33880

Current Mailing Address:

6450 NW 5TH WAY
FT. LAUDERDALE, FL 33309

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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 MGRM
Name COMPREHENSIVE WELLNESS SERVICES, INC.
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARRETT W. BRAGG

MANAGER

03/22/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date