

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000085411

Entity Name: COMPREHENSIVE HEALTHCARE ALLIANCE, LLC

Current Principal Place of Business:

282 NW 241ST STREET
NEWBERRY, FL 32669

Current Mailing Address:

282 NW 241ST STREET
NEWBERRY, FL 32669 US

FEI Number: 45-5573903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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	Title	MGRM
Name	BARNES, ERIKA	Name	FITTERMAN, JENNIFER
Address	282 NW 241ST STREET	Address	282 NW 241ST STREET
City-State-Zip:	NEWBERRY FL 32669	City-State-Zip:	NEWBERRY FL 32669

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: ERIKA BARNES

MGRM

05/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date