| DOCUMENT# P15592  |
|---|
| Entity Name: COMPREHENSIVE HEALTH CARE ASSOCIATES, INC. |

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

4283 REFLECTIONS PARKWAY SARASOTA, FL 34233

## **Current Mailing Address:**

PMB 158 5342 CLARK ROAD SARASOTA, FL 34232-3227 US

### FEI Number: 36-2955890

### Name and Address of Current Registered Agent:

KISTLER, RICHARD L. PMB 158 5242 CLARK ROAD SARASOTA, FL 34232-3227 US Certificate of Status Desired: No

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

#### Officer/Director Detail :

| Title           | PD                      | Title           | D                           |  |
|-----------------|-------------------------|-----------------|-----------------------------|--|
| Name            | KISTLER, RICHARD L.     | Name            | SAENGER, LEO C JR           |  |
| Address         | 5342 CLARK ROAD         | Address         | 12412 POWERSCOURT DRSTE 150 |  |
| City-State-Zip: | SARASOTA FL 34233       | City-State-Zip: | SAINT LOUIS MO 63141        |  |
|                 |                         |                 |                             |  |
| Title           | S                       |                 |                             |  |
| Name            | KISTLER, RICHARD L      |                 |                             |  |
| Address         | PMB 158 5342 CLARK ROAD |                 |                             |  |
| City-State-Zip: | SARASOTA FL 34232-3227  |                 |                             |  |
|                 |                         |                 |                             |  |

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: RICHARD L. KISTLER

PRESIDENT

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date

Date