

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15592

**Entity Name:** COMPREHENSIVE HEALTH CARE ASSOCIATES, INC.

**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**

**Certificate of Status Desired: Yes**

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

KISTLER, RICHARD L.  
PMB 158  
5242 CLARK ROAD  
SARASOTA, FL 34232-3227 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 PD  
Name KISTLER, RICHARD L.  
Address 5342 CLARK ROAD  
City-State-Zip: SARASOTA FL 34233

Title D  
Name SAENGER, LEO C JR  
Address 12040 GAILCREST LANE  
City-State-Zip: SAINT LOUIS MO 63131

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**

**03/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date