

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106954

FILED
Feb 28, 2011
Secretary of State

Entity Name: COMPREHENSIVE HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

8735 HENDERSON ROAD
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

PO BOX 31386
TAMPA, FL 33631

New Mailing Address:

FEI Number: 59-3547616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: CUNNINGHAM, ALEC
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: DCFO
Name: TRAN, THOMAS L
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: S
Name: SUSANIN, TIMOTHY S
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: AT
Name: HEBERT, MAURICE S
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: VP
Name: LAW, SCOTT D
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: DCAO
Name: COOPER, WALT
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

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: TIMOTHY S. SUSANIN

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02/28/2011

Electronic Signature of Signing Officer or Director

_____ Date