

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000070228

**Entity Name:** DHM, INC.

**Current Principal Place of Business:**

29777 TELEGRAPH ROAD, SUITE 3000  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

29777 TELEGRAPH ROAD, SUITE 3000  
SOUTHFIELD, MI 48034 US

**FEI Number:** 65-0591535

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHIEF EXECUTIVE OFFICER/PRESIDENT  
Name RAMCHANDRAN, ADESH  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title DIRECTOR  
Name DEMINICO, MICHAEL  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title CHIEF CLINICAL OFFICER  
Name BRODY, ROBERT  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title COO  
Name TRABULSY, DON  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title CHIEF INFORMATION OFFICER  
Name COLLINS, STEVE  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title GENERAL COUNSEL/SECRETARY  
Name DEMINICO, MICHAEL  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title CHIEF GROWTH OFFICER  
Name RUBIN, BURT  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

Title DIRECTOR  
Name RAMCHANDRAN, ADESH  
Address 29777 TELEGRAPH ROAD, SUITE 3000  
City-State-Zip: SOUTHFIELD MI 48034

*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: MICHAEL DEMINICO**

**SECRETARY**

**03/31/2022**

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

\_\_\_\_\_ Date