

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000106954

**Entity Name:** COMPREHENSIVE HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

**Current Mailing Address:**

8735 HENDERSON ROAD  
TAMPA, FL 33634 US

**FEI Number: 59-3547616**

**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           DIRECTOR, CFO, TREASURER  
Name           ASHER, ANDREW L.  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR, VP, SECRETARY  
Name           BISESI, PHILLIP P.  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR, VP, ASST. TREASURER,  
                  COMPTROLLER  
Name           MEYER, MICHAEL T.  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           PRESIDENT  
Name           BURDICK, KENNETH A  
Address        8735 HENDERSON ROAD  
City-State-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: PHILLIP P. BISESI**

**DIRECTOR, VP,  
SECRETARY**

**03/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date