

2022 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:

7700 FORSYTH BLVD
ST. LOUIS, MO 63105 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 PRESIDENT, DIRECTOR
Name ASHER, ANDREW
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title VP, SECY
Name ALONZO, JAN
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title VP, TREASURER, DIRECTOR
Name SNYDER, JAMES
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX, DIRECTOR
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date