

2014 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, PRESIDENT, CFO, T
Name TRAN, THOMAS L
Address 8735 HENDERSON ROAD
City-State-Zip: TAMPA FL 33634

Title DIRECTOR, CHIEF ACCT OFFCR, AT
Name HEBERT, MAURICE S
Address 8735 HENDERSON ROAD
City-State-Zip: TAMPA FL 33634

Title DIRECTOR, SVP, GENERAL
COUNSEL, S
Name IGLESIAS, LISA G
Address 8735 HENDERSON ROAD
City-State-Zip: TAMPA FL 33634

Title SVP, CHIEF HUMAN RESOURCES
OFFICER
Name ANDERSON, LAWRENCE D
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: LISA G IGLESIAS

SECRETARY

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date