

**2016 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 CFO, TREASURER  
Name ASHER, ANDREW 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, SECRETARY  
Name TODT, BLAIR W  
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

Title DIRECTOR, 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: BLAIR W. TODT**

**SECRETARY**

**04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date