## 2018 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

### 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

### **Officer/Director Detail :**

Title Name Address City-State-Zip:	DIRECTOR, EXECUTIVE VICE PRESIDENT, CFO ASHER, ANDREW L. 8735 HENDERSON ROAD TAMPA FL 33634	Title Name Address City-State-Zip:	DIRECTOR, SVP, GENERAL COUNSEL, SECRETARY HAKIM, ANAT 8735 HENDERSON ROAD TAMPA FL 33634
Title Name Address City-State-Zip:	DIRECTOR, VP, ASST. TREASURER, COMPTROLLER MEYER, MICHAEL T. 8735 HENDERSON ROAD TAMPA FL 33634	Title Name Address City-State-Zip:	PRESIDENT BURDICK, KENNETH A 8735 HENDERSON ROAD TAMPA FL 33634
Title Name Address City-State-Zip:	VP, TREASURER JANKOVIC, GORAN 8735 HENDERSON ROAD 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: GORAN JANKOVIC

VP, TREASURER

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 15, 2018 Secretary of State CC0048098829

Date

Certificate of Status Desired: No