

**2021 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            SCHWANEKE, JEFFREY  
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  
Name            ISAAK, CHRISTOPHER  
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

Title            DIRECTOR  
Name            SNYDER, JAMES  
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: TRICIA DINKELMAN**

**VICE PRESIDENT, TAX**

**04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date