FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001538 (6)**

1. Corporation Name

COMPREHENSIVE OCCUPATIONAL AND CLINICAL HEALTH, INC.

Principal Place of Business
367 S. GULPH RD.
KING OF PRUSSIA PA 19406-0958

Mailing Address
P.O. BOX 61558
KING OF PRUSSIA PA 19406-0958

3. Date Incorporated or Qualified: 03/30/1995

3a. Date of Last Report:

4. FEI Number: 23-2684311 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of a corporate officer or director of the registered agent — PRINTED NAME & TITLE — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ALAN B		1.2 NAME		
STREET ADDRESS	367 S. GULPH RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	CUPO, VALERIE		2.2 NAME	Robert Engelhard	
STREET ADDRESS	367 S. GULPH RD.		2.3 STREET ADDRESS	367 S. Gulph Road	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		2.4 CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, BRUCE R		3.2 NAME		
STREET ADDRESS	367 S. GULPH RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GORMAN, KIRK E		4.2 NAME		
STREET ADDRESS	367 S. GULPH RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Bruce R. Gilbert, Secretary

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/11/96 Date — (610)768-3300 Daytime Phone #

CR2E034 (12/95)