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

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

3. Date Incorporated or Qualified: 03/30/1995
3a. Date of Last Report:

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLER, ALAN B	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	V	☒ DELETE
NAME	CUPO, VALERIE	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	SD	☐ DELETE
NAME	GILBERT, BRUCE R	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	T	☐ DELETE
NAME	GORMAN, KIRK E	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Robert Engelhard	
2.3 STREET ADDRESS	367 S. Gulph Road	
2.4 CITY-ST-ZIP	King of Prussia, PA 19406	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

5-1-96 OR

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.

SIGNATURE: Bruce R. Gilbert, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96
Date

(610)768-3300
Daytime Phone #

CR2E034 (12/95)