

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001538

1. Entity Name

COMPREHENSIVE OCCUPATIONAL AND CLINICAL HEALTH,

FILED

00 JAN 26 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
367 S GULPH ROAD 367 S GULPH ROAD
PO BOX 61558 PO BOX 61558
KING OF PRUSSIA PA 19406-0958 KING OF PRUSSIA PA 19406-0958
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 23-2684311 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, ALAN B	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	V	<input type="checkbox"/> Delete
NAME	ENGELHARD, ROBERT	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILBERT, BRUCE R	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ORMAN, KIRK E	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	200003119212-1	
STREET ADDRESS	-02/01/00-01115-023	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce R Gilbert 1/6/2000 968-3320