

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106954

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: COMPREHENSIVE HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

8725 HENDERSON ROAD  
REN 1  
TAMPA, FL 33634

**New Principal Place of Business:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

**Current Mailing Address:**

8735 HENDERSON ROAD  
REN 2  
TAMPA, FL 33634

**New Mailing Address:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

FEI Number: 59-3547616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: FARHA, TODD S  
Address: 8735 HENDERSON ROAD,REN 2  
City-St-Zip: TAMPA, FL 33634

Title: DVP ( ) Delete  
Name: SMITH, DAVID  
Address: 8735 HENDERSON ROAD,REN 2  
City-St-Zip: TAMPA, FL 33634

Title: DVPS ( ) Delete  
Name: BEREDAY, THADDEUS  
Address: 8735 HENDERSON ROAD,REN 2  
City-St-Zip: TAMPA, FL 33634

Title: DCFO (X) Delete  
Name: BEHRENS, PAUL L  
Address: 8735 HENDERSON ROAD,REN 2  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SCHIESSER, HEATH G  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change ( ) Addition  
Name: BERG, CHARLES G  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: DS (X) Change ( ) Addition  
Name: MULROE, KAREN W  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN MULROE

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03/26/2008

Electronic Signature of Signing Officer or Director

Date