

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000148854

**Entity Name:** COMPREHENSIVE OCCUPATIONAL AND CLINICAL HEALTH, INC.

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC8411621454**

**Current Principal Place of Business:**

367 SOUTH GULPH ROAD  
KING OF PRUSSIA, PA 19406

**Current Mailing Address:**

367 SOUTH GULPH ROAD  
KING OF PRUSSIA, PA 19406 US

**FEI Number:** 20-1819952

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 D  
Name PEMBER, MARVIN  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title D  
Name FILTON, STEVE  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP  
Name KLEIN, MATTHEW D  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title S  
Name BRUNNER, GEORGE HJR  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

*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: GEORGE H. BRUNNER, JR.**

**SECRETARY**

**01/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date