

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000481780

**Entity Name:** COMPREHENSIVE HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

**Current Mailing Address:**

8735 HENDERSON ROAD  
TAMPA, FL 33634 US

**FEI Number:** 59-3547616

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**Authorized Person(s) Detail :**

Title MGR  
Name ASHER, ANDREW  
Address 7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title MGR  
Name DINKELMAN, TRICIA  
Address 7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title MGR  
Name SNYDER, JAMES  
Address 7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRICIA DINKELMAN

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date