

No. <b>C 202829</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  COMPREHENSIVE HEALTH MANAGEMENT, INC. 8735 HENDERSON RD TAMPA FL 33634		C T CORPORATION SYSTEM 921 S ORCHARD STREET, STE G BOISE ID 83705-3363		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	LAWRENCE D ANDERSON	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	BLAIR W TODT	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	MAURICE S HEBERT	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	KENNETH A BURDICK	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
TREASURER	ANDREW L ASHER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
PRESIDENT	KENNETH A BURDICK	8735 HENDERSON RD	TAMPA	FL	USA	33634
SECRETARY	BLAIR W TODT	8735 HENDERSON RD	TAMPA	FL	USA	33634
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>FL</b>		Signature: Blair W. Todt		Date: 07/14/2015		
<b>C 202829</b>		Name (type or print): Blair W. Todt		Title: Secretary		
Processed 07/14/2015		* Electronically provided signatures are accepted as original signatures.				