

No. C 202829		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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	MICHAEL TROY MEYER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
PRESIDENT	KENNETH A BURDICK	8735 HENDERSON RD	TAMPA	FL	USA	33634
SECRETARY	PHILLIP P BISESI	8735 HENDERSON RD	TAMPA	FL	USA	33634
VICE PRESIDENT	LAWRENCE D ANDERSON	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	ANDREW L ASHER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	PHILLIP P BISESI	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	MICHAEL TROY MEYER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
TREASURER	ANDREW L ASHER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
5. Organized Under the Laws of: FL C 202829		6. Annual Report must be signed.* Signature: Phillip P. Bisesi Name (type or print): Phillip P. Bisesi Date: 07/29/2016 Title: Secretary				
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.				