

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 836519 (9)**

1. Corporation Name

**COMPREHENSIVE CARE CORPORATION**



Principal Place of Business

Mailing Address

**4350 VON KARMAN AVE.  
280  
NEWPORT BEACH CA 92660  
US**

**4350 VON KARMAN AVE.  
280  
NEWPORT BEACH CA 92660  
US**

3. Date Incorporated or Qualified **06/15/1976** 3a. Date of Last Report **03/21/1995**

4. FEI Number **95-2551716** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **1111 Bayside Drive**

26 **1111 Bayside Drive**

22 **Suite 100**

27 **Suite 100**

23 **Corona Del Mar CA**

28 **Corona Del Mar CA**

24 **92625** 25 **USA**

29 **92625** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and firm if applicable

(Date) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREET, CHRIS W	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, DREW Q	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICOL, WILLIAM J	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUCHER, WILLIAM H	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUPPERT, KERRI	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, RUDY R	
STREET ADDRESS	4350 VON KARMAN #280	
CITY-ST-ZIP	NEWPORT BEACH CA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1111 Bayside Drive Suite 100
1.4 CITY-ST-ZIP	CORONA DEL MAR, CA. 92625
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1111 Bayside Drive Suite 100
2.4 CITY-ST-ZIP	CORONA DEL MAR, CA. 92625
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1111 Bayside Drive Suite 100
3.4 CITY-ST-ZIP	CORONA DEL MAR, CA. 92625
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1111 Bayside Drive Suite 100
4.4 CITY-ST-ZIP	CORONA DEL MAR, CA. 92625
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1111 Bayside Drive Suite 100
5.4 CITY-ST-ZIP	CORONA DEL MAR, CA. 92625
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	J. MARVIN Feigenbaum
6.4 CITY-ST-ZIP	1111 Bayside Drive Suite 100 CORONA DEL MAR, CA. 92625

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kerr Ruppert* **K. Ruppert SVP/CAO 2/29/96 (714) 222-2273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display File #

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