

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 836519 (9)**

1. Corporation Name  
**COMPREHENSIVE CARE CORPORATION**



Principal Place of Business 1111 BAYSIDE DRIVE SUITE 100 CORONA DEL MAR CA 92625 US	Mailing Address 1111 BAYSIDE DRIVE SUITE 100 CORONA DEL MAR CA 92625-1755 US
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3. Date Incorporated or Qualified <b>06/15/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>95-2551716 96-2594724</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREET, CHRIS W	
STREET ADDRESS	1111 BAYSIDE DR SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DREW O	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICOL, WILLIAM J	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUCHER, WILLIAM H	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUPPERT, KERRI	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	J. MARVIN FEIGENBAUM	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Interim Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stuart J. Ghertrae	
1.3 STREET ADDRESS	1111 Bayside Drive Suite 100	
1.4 CITY-ST-ZIP	CORONA DEL MAR, CA 92625	
2.1 TITLE	Vice President - Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard L. Powers	
2.3 STREET ADDRESS	1111 Bayside Drive Suite 100	
2.4 CITY-ST-ZIP	CORONA DEL MAR, CA 92625	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Sr. Vice President / CFO / Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director, Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *K Ruppert* REQUIRED **2/13/97** (914) 222-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)