

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90135 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 836519**

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  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 4200 W. Cypress  
 Suite, Apt. #, etc.  
 22 Suite 300  
 City & State  
 23 Tampa, Florida  
 Zip Country  
 24 33607 25 USA

2a. Mailing Address  
 26 4200 W. Cypress  
 Suite, Apt. #, etc.  
 27 Suite 300  
 City & State  
 28 Tampa, Florida  
 Zip Country  
 29 33607 30 USA

3. Date Incorporated or Qualified  
**06/15/1976**

4. FEI Number  
**95-2594724**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREET, CHRIS W	
STREET ADDRESS	<del>1111 BAYSIDE DR SUITE 100</del>	
CITY-ST-ZIP	<del>CORONA DEL MAR CA</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, JOHN A	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATSON, CORTNEY	
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	EVP	<input checked="" type="checkbox"/> DELETE
NAME	WHITTINGTON, H G	
STREET ADDRESS	1111 BAYSIDE DRIVE SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	DVC	<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	P, CEO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRIS W. STREET	
1.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
1.4 CITY-ST-ZIP	Tampa, Florida 33607	
2.1 TITLE	CFD, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT J. LANDIS	
2.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
2.4 CITY-ST-ZIP	Tampa, Florida 33607	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COURTNEY E. WATSON	
3.3 STREET ADDRESS	4200 W. Cypress Suite 300	
3.4 CITY-ST-ZIP	Tampa, Florida 33607	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOUCHER, WILLIAM H	
4.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
4.4 CITY-ST-ZIP	Tampa, Florida 33607	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEAN. CHENEY	
5.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
5.4 CITY-ST-ZIP	Tampa, Florida 33607	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	J. MARVIN FEIGENBAUM	
6.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
6.4 CITY-ST-ZIP	Tampa, Florida 33607	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert J. Landis 813-876-5036 K248  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

8 36519  
401095-90135-6

Comprehensive Care Corporation  
List of Additional Officers and Directors

A Richard Pantuliano                      Director  
4200 W. Cypress, Suite 300  
Tampa, Florida 33607

Joni Cummings                              EVP  
4200 W. Cypress, Suite 300  
Tampa, Florida 33607