

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836519

1. Entity Name

COMPREHENSIVE CARE CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90308 035 ***150.00

Principal Place of Business 4200 W CYPRESS STE 300 TAMPA FL 33607 US	Mailing Address 4200 W CYPRESS STE 300 TAMPA FL 33807-4189 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 95-2594724	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	STREET, CHRISS W	
STREET ADDRESS	4200 W CYPRESS STE 308	
CITY-ST-ZIP	TAMPA FL	
TITLE	CT	<input type="checkbox"/> Delete
NAME	LANDIS, ROBERT J	
STREET ADDRESS	4200 W CYPRESS	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WATSON, CORTNEY	
STREET ADDRESS	4200 S CYPRESS STE 300	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUCHER, WILLIAM H	
STREET ADDRESS	4200 W CYPRESS STE 300	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CHENEY, JENN	
STREET ADDRESS	4200 W CYPRESS STE 300	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	J. MARVIN FEIGENBAUM	
STREET ADDRESS	4200 W CYPRESS STE 300	
CITY-ST-ZIP	TAMPA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>P/D Mary Jane Johnson</i>	
STREET ADDRESS	<i>4200 W Cypress, Ste. 300</i>	
CITY-ST-ZIP	<i>TAMPA, FL 33607</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>V/S Cathy J. Welch</i>	
STREET ADDRESS	<i>4200 W. Cypress, Ste. 300</i>	
CITY-ST-ZIP	<i>TAMPA, FL 33607</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy J. Welch* 4/14/00 813-876-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)