

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006079 (7)**

1. Corporation Name

COMPREHENSIVE BEHAVIORAL CARE, INC.



600001794966
-04/25/96--01080--023
***400.00

Principal Place of Business

Mailing Address

2203 N. LOIS AVENUE
SUITE 1105
TAMPA FL 33607
US

4350 VON KARMAN AVE.
280
NEWPORT BEACH CA 92660
US

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
03/21/1995

4. FEI Number
59-3149475

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 **4200 W. Cypress**
Suite, Apt. #, etc.

26 **1111 Bayside Drive**
Suite, Apt. #, etc.

22 **Suite 300**

27 **Suite 100**

23 **Tampa, FLA**
City & State

28 **CORONA DEL MAR CA**
City & State

24 **33607** 25 **USA**
Zip Country

29 **92625** 30 **USA**
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, JAMES A
~~2203 N. LOIS AVE., #1150~~
TAMPA FL 33607

4200 W. Cypress Ste 300
Tampa, FLA 33607

81 Name **CT Corporation System, Inc**

82 Street Address (P.O. Box Numbers Not Acceptable)
500001794965

83 **-04/25/96--01080--022**

84 City **Tampa, 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 **CT Corporation System, Inc**

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

Date: Registered Agent signature to be dated when recording

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERSCH, RONALD G	
STREET ADDRESS	2203 N. LOIS AVE. #1150	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RUPPERT, KERRI	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, JAMES A	
STREET ADDRESS	2203 N. LOIS AVE., #1150	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	C	<input type="checkbox"/> DELETE
NAME	STREET, CHRIS W	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4200 W Cypress, Suite 300
1.4 CITY-ST-ZIP	Tampa, FLA 33607
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	4200 W. Cypress, Suite 300
3.4 CITY-ST-ZIP	Tampa, FLA 33607
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1111 Bayside Drive Suite
4.4 CITY-ST-ZIP	Tampa, FLA 33607
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SR. V.P. / Director
5.3 STREET ADDRESS	Drew A Miller
5.4 CITY-ST-ZIP	1111 Bayside Drive Suite 100
5.5 CITY-ST-ZIP	CORONA DEL MAR, CA 92625
6.1 TITLE	<input 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 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: **K. Ruppert** SVPI/CD 2/21/96 (914) 222-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (12/95)

4/25/96