

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006079 (7)
 1. Corporation Name
COMPREHENSIVE BEHAVIORAL CARE, INC.



Principal Place of Business 4200 W. CYPRESS SUITE 300 TAMPA FL 33607 US	Mailing Address 1111 BAYSIDE DR SUITE 100 CORONA DEL MAR CA 92625 US
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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, FL Zip 24 33607	25. Country 25 USA	26. Mailing Address 26 1111 Bayside Drive Suite, Apt. #, etc. 27 Suite 100 City & State 28 Corona del Mar, CA. Zip 29 92625	30. Country 30 USA	3. Date Incorporated or Qualified 11/28/1994	4. FEI Number 59-3149475	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GHERTNER, STUART J		1.2 NAME	Courtney Watson	
STREET ADDRESS	1111 BAYSIDE DRIVE, SUITE 100		1.3 STREET ADDRESS	1111 Bayside Drive, Suite 100	
CITY-ST-ZIP	CORONA DEL MAR CA		1.4 CITY-ST-ZIP	Corona del Mar, CA. 92625	
TITLE	VSDT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, Exec. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPPERT, KERRI		2.2 NAME	Mary Jane Johnson	
STREET ADDRESS	1111 BAYSIDE DRIVE STE. 100		2.3 STREET ADDRESS	4200 W. Cypress Suite 300	
CITY-ST-ZIP	CORONA DELMAR CA		2.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Interim CFO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMER, G. WILLIAM		3.2 NAME	Carol R. Pollack	
STREET ADDRESS	1111 BAYSIDE DR., SUITE 100		3.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
CITY-ST-ZIP	CORONA DEL MAR CA		3.4 CITY-ST-ZIP	Corona del Mar, CA. 92625	
TITLE	CCEO	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, CHRISS W		4.2 NAME		
STREET ADDRESS	1111 BAYSIDE DRIVE, STE. 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORONA DELMAR CA		4.4 CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, RICHARD L		5.2 NAME		
STREET ADDRESS	1111 BAYSIDE DR., SUITE 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORONA DEL MAR CA		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Dana Delon, Director of Div* *Chloe* (914) 222-2222

CR2E034 (10/97)